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ABSTRACT

Medical schools in the United States are described in terms of their curricula, students, faculty, finances, teaching hospitals, and clinics. The data are derived largely from responses to a questionnaire and from the AAMC student information system. Medical schools are examined by groups of institutions that share some similarity with each other in institutional characteristics: private/public, or established/developing. Information is presented in tabular form, with some narrative. (Author/MSE)

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INSTITUTIONAL CHARACTERISTICS OF U.S. MEDICAL SCHOOL 1975-76

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FINAL REPORT

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INSTITUTIONAL CHARACTERISTICS OF U.S. MEDICAL SCHOOLS
1975-76

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ASSOCIATION OF AMERICAN MEDICAL COLLEGES

FINAL REPORT

May 1978

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GENERAL EXPLANATORY NOTES:

- Details in these tables may not add to totals because of rounding.

- Mean values as percent of a total were computed as unweighted composite averages of the means for each school.

- Where the value of a variable for a school was obviously wrong based on other information available, the data were not included in the table concerning that variable.

- The term underrepresented minorities is used to describe individuals who classify themselves in one of the following ethnic groups: Black Americans, American Indians, Mainland Puerto Ricans, Mexican Americans.

TABLE OF CONTENTS

	Page Number
List of Tables	v
Executive Summary	xx
Abstract	xxii
Introduction	1
Some Historical Perspective	3
Institutional Functions	6
Institutional Resources	9
Institutional Management and Finance	11
Scope and Methodology	13
Medical Schools, By Cluster	18
Relationships Among Instituional Characteristics	19
Tables Summary 1 - 6	24
Curriculum	30
Tables Cu. 1 - Cu. 4	33
Students	38

TABLE OF CONTENTS - Continued

	Page Number
Tables St. 1 - St. 45	45
Medical School Faculty	90
Tables Fac. 1 - Fac. 20	97
Medical School Finances	117
Tables Fin. 1 - Fin. 27	122
Clinical Facilities	149
Tables Cf. 1 - Cf. 13	153
Appendix A	166
Factors Used in Cluster Discrimination for Established Schools	167
Appendix B	171
Researchable Data Base	172
Appendix C	198
Selected Publications Prepared by Association of American Medical Colleges Relating to Medical Education	199

LIST OF TABLES

Page Number

Relationship Among Institutional Characteristics

Summary 1 - Aspects of the Education Program in U.S. Medical Schools: A Summary of Selected Variables Based on the Cluster Distribution of Schools, 1975-76 24

Summary 2 - Aspects of the Education Program in U.S. Medical Schools: Indices of Selected Variables derived from Summary 1 25

Summary 3 - Aspects of the Research Program in U.S. Medical Schools: A Summary of Selected Variables Based on the Cluster Distribution of Schools, 1975-76 26

Summary 4 - Aspects of the Research Program in U.S. Medical Schools: Indices of Selected Variables Derived from Summary 3 27

Summary 5 - Aspects of the Health Service Program in U.S. Medical Schools: A Summary of Selected Variables Based on the Cluster Distribution of Schools, 1975-76 28

Summary 6 - Aspects of the Health Service Program in U.S. Medical Schools: Indices of Selected Variables Derived from Summary 5 29

Curriculum

Table Cu. 1 - Distribution of U.S. Medical Schools by Number of "Required Clerkships" in the Curriculum, 1975 - 76 33

LIST OF TABLES - Continued

Page Number

Curriculum - Continued

Table Cu. 2 - Distribution of U.S. Medical Schools by Number of Schools Offering Ambulatory Care Medicine Clerkships in Specific Areas, 1975-76 34

Table Cu. 3 - Distribution of U.S. Medical Schools by Number of Schools Offering Elective Clerkships in Specific Areas, 1975-76 35

Table Cu. 4 - Number and Percentage of U.S. Medical Schools with Selected Curriculum Characteristics, 1976-77 36

Students

Table St. 1 - Distribution of U.S. Medical Schools by Number of Students for whom Medical School Faculties Have Teaching Responsibilities, 1975-76 45

Table St. 2 - Distribution of U.S. Medical Schools by Percent of Undergraduate Medical Students who are Female, 1975-76 & 1976-77 46

Table St. 3 - Distribution of U.S. Medical Schools by Percent of Undergraduate Medical Students who are from Minority Groups, 1975-76 & 1976-77 47

Table St. 4 - Distribution of U.S. Medical Schools by Applications and Applications-Per-Matriculant, Distributed by Sex and Ethnic Groups, 1976-77 48

Page Number

Students - Continued

Table St. 5 - Distribution of U.S. Medical Schools by Tuition Charged and Financial Aid Awarded by the Schools to Undergraduate Medical Students, 1975-76 49

Table St. 6 - Distribution of U.S. Medical Schools by Active Alumni Distribution by Activity and by Location of Practice, 1973 50

Table St. 7 - Distribution of U.S. Medical Schools by Number of Undergraduate Medical Students, 1975-76 51

Table St. 8 - Distribution of U.S. Medical Schools by Number of Undergraduate Medical Students who are Female, 1975-76 52

Table St. 9 - Distribution of U.S. Medical Schools by Percent of Undergraduate Medical Students who are Female, 1975-76 53

Table St. 10 - Distribution of U.S. Medical Schools by Number of Undergraduate Medical Students from Under-represented Minorities, 1975-76 54

Table St. 11 - Distribution of U.S. Medical Schools by Percent of Undergraduate Medical Students from Under-represented Minorities, 1975-76 55

Table St. 12 - Distribution of U.S. Medical Schools by Number of Undergraduate Medical Students who are State Residents, 1975-76 56

LIST OF TABLES - Continued

Page Number

Students - Continued

Table St. 13 - Distribution of U.S. Medical Schools by Percent of Undergraduate Medical Students who are State Residents, 1975-76 57

Table St. 14 - Distribution of U.S. Medical Schools by Number of First Year Undergraduate Medical Students, 1975-76 58

Table St. 15 - Distribution of U.S. Medical Schools by Percent of First Year Undergraduate Medical Students who are Female, 1975-76 59

Table St. 16 - Distribution of U.S. Medical Schools by Percent of First Year Undergraduate Medical Students from Under-represented Minorities, 1975-76 60

Table St. 17 - Distribution of U.S. Medical Schools by Percent of First Year Undergraduate Medical Students who are State Residents, 1975-76 61

Table St. 18 - Distribution of U.S. Medical Schools by Number of Final Year Undergraduate Medical Students, 1975-76 62

Table St. 19 - Distribution of U.S. Medical Schools by Percent of Final Year Undergraduate Medical Students who are Female, 1975-76 63

Table St. 20 - Distribution of U.S. Medical Schools by Percent of Final Year Undergraduate Medical Students who are from Under-represented Minorities, 1975-76 64

LIST OF TABLES - Continued

Page Number

Students - Continued

Table St. 21 - Distribution of U.S. Medical Schools by Number of Students who are Candidates for M.S. and Ph.D. Degrees in the Basic Medical Sciences, 1975-76 65

Table St. 22 - Distribution of U.S. Medical Schools by Number of Graduate Medical Students (Interns and Residents) Instructed by Medical Schools' Faculties, 1975-76 66

Table St. 23 - Distribution of U.S. Medical Schools by Number of Non-Medical Students for which Medical School Faculties have some Teaching Responsibility, 1975-76 67

Table St. 24 - Distribution of U.S. Medical Schools by Number of Applications for the First Year Undergraduate Medical Class, 1976-77 68

Table St. 25 - Distribution of U.S. Medical Schools by Number of Applications from Females for the 1976-77 First Year Undergraduate Class 69

Table St. 26 - Distribution of U.S. Medical Schools by Number of Applications from Under-represented Minority Individuals for the 1976-77 First Year Undergraduate Class 70

Table St. 27 - Distribution of U.S. Medical Schools by Number of First Year Undergraduate Medical Students, 1976-77 71

LIST OF TABLES - Continued

Page Number

Students - Continued

Table St. 28 - Distribution of U.S. Medical Schools by Number of Applications per First Year Undergraduate Medical Student, 1976-77 72

Table St. 29 - Distribution of U.S. Medical Schools by Number of Applications from Male Applicants per Male First Year Student, 1976-77 73

Table St. 30 - Distribution of U.S. Medical Schools by Number of Applications from Female Applicants per Female First Year Student, 1976-77 74

Table St. 31 - Distribution of U.S. Medical Schools by Number of Applications from Underrepresented Minority Applicants per Underrepresented Minority First Year Students, 1976-77 75

Table St. 32 - Distribution of U.S. Medical Schools by Percent of First Year Undergraduate Medical Students who are Female, 1976-77 76

Table St. 33 - Distribution of U.S. Medical Schools by Percent of First Year Undergraduate Medical Students from Underrepresented Minorities, 1976-77 77

Table St. 34 - Distribution of U.S. Medical Schools by Tuition Charged to State Residents, 1975-76 78

Table St. 35 - Distribution of U.S. Medical Schools by Tuition Charged to Non-State Residents, 1975-76 79

LIST OF TABLES - Continued

Page Number

Students - Continued

Table St. 36 - Distribution of U.S. Medical Schools by Financial Aid Awarded to Medical Students, 1975-76 80

Table St. 37 - Distribution of U.S. Medical Schools by Financial Aid Awarded per Medical Student, 1975-76 81

Table St. 38 - Distribution of U.S. Medical Schools by Financial Aid Awarded to Medical Students as Percent of Financial Aid Needed, 1975-76 82

Table St. 39 - Distribution of U.S. Medical Schools by Medical Students Receiving Financial Aid as Percent of Those Needing Aid, 1975-76 83

Table St. 40 - Distribution of U.S. Medical Schools by Number of Active Alumni, 1973 84

Table St. 41 - Distribution of U.S. Medical Schools by Percent of Active Alumni in Medical Teaching, 1973 85

Table St. 42 - Distribution of U.S. Medical Schools by Percent of Active Alumni in Research, 1973 86

Table St. 43 - Distribution of U.S. Medical Schools by Percent of Active Alumni in Administration, 1973 87

Table St. 44 - Distribution of U.S. Medical Schools by Percent of Active Alumni in Patient Care, 1973 88

Page Number

Students - Continued

Table St. 45 - Distribution of U.S. Medical Schools by Percent of Active Alumni Practicing in the State Where They Received M.D. Degree, 1973 89

Medical School Faculty

Table Fac. 1 - Distribution of U.S. Medical Schools by Total Full-time Faculty, Basic and Clinical Science Faculty, Strict Full-time Salary Paid to Basic and Clinical Science Faculty, and Number of Faculty in Departments of Family Medicine, 1975-76 97

Table Fac. 2 - Distribution of U.S. Medical Schools by Selected Characteristics of Full-time Faculty, 1976-77 98

Table Fac. 3 - Distribution of U.S. Medical Schools by Total Number of Full-time Faculty, 1975-76 99

Table Fac. 4 - Distribution of U.S. Medical Schools by Number of Full-time Basic Science Faculty, 1975-76 100

Table Fac. 5 - Distribution of U.S. Medical Schools by Number of Full-time Clinical Science Faculty, 1975-76 101

Table Fac. 6 - Distribution of U.S. Medical Schools by Ratio of Full-time Basic Science Faculty to Full-time Clinical Science Faculty, 1975-76 102

LIST OF TABLES - Continued

Page Number

Medical School Faculty - Continued

Table Fac. 7 - Distribution of U.S. Medical Schools by Average Salary Paid to Strict Full-time Associate Professors in Basic Science Departments, 1976-77 103

Table Fac. 8 - Distribution of U.S. Medical Schools by Average Salary Paid to Strict Full-time Associate Professors with an M.D. Degree in Clinical Science Departments, 1976-77 104

Table Fac. 9 - Distribution of U.S. Medical Schools by Number of Full-time Faculty in Departments of Family Medicine, 1975-76 105

Table Fac. 10 - Distribution of U.S. Medical Schools by Number of Full-time Faculty with M.D. Degree, 1976-77 106

Table Fac. 11 - Distribution of U.S. Medical Schools by Percent of Full-time Faculty with M.D. Degree, 1976-77 107

Table Fac. 12 - Distribution of U.S. Medical Schools by Number of Full-time Faculty who are Women, 1976-77 108

Table Fac. 13 - Distribution of U.S. Medical Schools by Percent of Full-time Faculty who are Women, 1976-77 109

Table Fac. 14 - Distribution of U.S. Medical Schools by Number of Full-time Faculty at Rank of Associate Professor and Above, 1975-76 110

Page Number

Medical School Faculty - Continued

Table Fac. 15 - Distribution of U.S. Medical Schools by Percent of Full-time Faculty at Rank of Associate Professor and Above, 1975-76 111

Table Fac. 16 - Distribution of U.S. Medical Schools by Number of Full-time Faculty Alumni of the Same School, 1976-77 112

Table Fac. 17 - Distribution of U.S. Medical Schools by Percent of Full-time Faculty who are Alumni of the Same School, 1976-77 113

Table Fac. 18 - Distribution of U.S. Medical Schools by Number of Full-time Faculty from Underrepresented Minorities, 1976-77 114

Table Fac. 19 - Distribution of U.S. Medical Schools by Percent of Full-time Faculty from Underrepresented Minorities, 1976-77 115

Table Fac. 20 - Distribution of U.S. Medical Schools by Number of Full-time Faculty who are Foreign Medical Graduates, 1976-77 116

Medical School Finances

Table Fin. 1 - Distribution of U.S. Medical Schools by Sources of Income, 1975-76 122

Table Fin. 2 - Distribution of U.S. Medical Schools by Mean Values of Sources of Income, 1975-76 123

Page Number

Medical School Finances - Continued

Table Fin. 3 - Distribution of U.S. Medical Schools by Income Sources Means in Percent of Total Income, 1975-76 124

Table Fin. 4 - Distribution of U.S. Medical Schools by Sources of Income for Sponsored Programs, 1975-76 125

Table Fin. 5 - Distribution of U.S. Medical Schools by Total Income, 1975-76 126

Table Fin. 6 - Distribution of U.S. Medical Schools by Regular Operating Income, 1975-76 127

Table Fin. 7 - Distribution of U.S. Medical Schools by Income from State Governments, 1975-76 128

Table Fin. 8 - Distribution of U.S. Medical Schools by Income from Professional Practice Plans, 1975-76 129

Table Fin. 9 - Distribution of U.S. Medical Schools by Income from Recovery of Indirect Costs on Grants and Contracts, 1975-76 130

Table Fin. 10 - Distribution of U.S. Medical Schools by Income from Student Tuition and Fees, 1975-76 131

Table Fin. 11 - Distribution of U.S. Medical Schools by Total Expenditures for Sponsored Programs, 1975-76 132

LIST OF TABLES - Continued

Page Number

Medical School Finances - Continued

Table Fin. 12 - Distribution of U.S. Medical Schools by Federal Funds for Sponsored Programs, 1975-76 133

Table Fin. 13 - Distribution of U.S. Medical Schools by State and Local Government Funds for Sponsored Programs, 1975-76 134

Table Fin. 14 - Distribution of U.S. Medical Schools by non-government Funds for Sponsored Programs, 1975-76 135

Table Fin. 15 - Distribution of U.S. Medical Schools by Expenditures for Sponsored Research, 1975-76 136

Table Fin. 16 - Distribution of U.S. Medical Schools by Expenditures for Sponsored Teaching and Training, 1975-76 137

Table Fin. 17 - Distribution of U.S. Medical Schools by Expenditures for Sponsored Multi-purpose and Service Programs, 1975-76 138

Table Fin. 18 - Distribution of U.S. Medical Schools by Expenditures for Instruction and Departmental Research, 1975-76 139

Table Fin. 19 - Distribution of U.S. Medical Schools by Expenditures for Administration and Other General Purposes, 1975-76 140

Page Number

Medical School Finances - Continued

Table Fin. 20 - Distribution of U.S. Medical Schools by Expenditures for Physical Plant Operation and Maintenance, 1975-76 141

Table Fin. 21 - Distribution of U.S. Medical Schools by Income from State Governments as Percent of Total Revenue, 1975-76 142

Table Fin. 22 - Distribution of U.S. Medical Schools by Income from Professional Practice Plans as Percent of Total Revenue, 1975-76 143

Table Fin. 23 - Distribution of U.S. Medical Schools by Income from Recovery of Indirect Costs as Percent of Total Revenue, 1975-76 144

Table Fin. 24 - Distribution of U.S. Medical Schools by Income from Student Tuition and Fees as Percent of Total Revenue, 1975-76 145

Table Fin. 25 - Distribution of U.S. Medical Schools by Income for Sponsored Research as Percent of Total Revenue, 1975-76 146

Table Fin. 26 - Distribution of U.S. Medical Schools by Income for Sponsored Teaching and Training as Percent of Total Revenue, 1975-76 147

Table Fin. 27 - Distribution of U.S. Medical Schools by Income for Multi-purpose and Service Programs as Percent of Total Revenue, 1975-76 148

Page Number

Clinical Facilities

Table Cf. 1 - Distribution of U.S. Medical Schools by Number of Clinical Facilities Owned or Affiliated with Medical Schools, 1975-76 153

Table Cf. 2 - Distribution of U.S. Medical Schools by Number of Beds and Outpatient Visits per Year in Clinical Facilities Owned By or Affiliated with Medical Schools, 1975-76 154

Table Cf. 3 - Distribution of U.S. Medical Schools by Number of Hospitals Owned by the Medical School, 1975-76 155

Table Cf. 4 - Distribution of U.S. Medical Schools by Number of Hospitals with Major Affiliations with Medical Schools, 1975-76 156

Table Cf. 5 - Distribution of U.S. Medical Schools by Combined Number of Medical School-owned and Major Affiliated Hospitals, 1975-76 157

Table Cf. 6 - Distribution of U.S. Medical Schools by Number of Hospitals with Limited Affiliations with Medical Schools, 1975-76 158

Table Cf. 7 - Distribution of U.S. Medical Schools by Number of Hospitals with Graduate Affiliations with Medical Schools, 1975-76 159

Table Cf. 8 - Distribution of U.S. Medical Schools by Number of Beds in Hospitals Owned by Medical Schools, 1975-76 160

Page Number

Clinical Facilities - Continued

Table Cf. 9 - Distribution of U.S. Medical Schools by Number of Beds in Hospitals with Major Affiliations with Medical Schools, 1975-76 161

Table Cf. 10 - Distribution of U.S. Medical Schools by Combined Number of Beds in Medical School Owned and Major Affiliated Hospitals, 1975-76 162

Table Cf. 11 - Distribution of U.S. Medical Schools by Number of Outpatient Visits in Medical School-owned Clinical Facilities, 1975-76 163

Table Cf. 12 - Distribution of U.S. Medical Schools by Number of Outpatient Visits in Clinical Facilities with Major Medical School Affiliation, 1975-76 164

Table Cf. 13 - Distribution of U.S. Medical Schools by Combined Number of Outpatient Visits in Clinical Facilities Owned by or Major Affiliates of Medical Schools, 1975-76 165

EXECUTIVE SUMMARY

The purpose of this report is to present information on key institutional dimensions of American medical schools, and to illustrate, through statistical analysis, the similarities and dissimilarities among them.

The report is based on the data that were available to the AAMC in mid-1977, for the most part derived from Part I and Part II of the Liaison Committee on Medical Education Questionnaire for 1975-76, and from the AAMC Student Information System.

The institutions included in the study represent 108 of the Nation's 114 medical schools with students enrolled in 1975-76. Of the six schools not included, four did not respond to the 1975-76 Annual Medical School Questionnaire of the Liaison Committee on Medical Education, and two were institutions with two-year basic medical sciences curricula only.

In the report the schools are subdivided into groups that share some similarity with each other on characteristics such as public-private, established-developing, large-moderate student enrollment, etc; these groupings were derived by applying the Ward hierarchical and Forgy non-hierarchical cluster analysis to five factor scores, as illustrated by McShane in An Empirical Classification of U.S. Medical Schools by Institutional Dimensions.

The report contains 109 tables in which variables that concern curriculum, students, faculty, finances, and clinical facilities are displayed by school groupings, by number of institutions in given value ranges, and by mean values of selected variables. The relationships between these parameters and institutional programs are highlighted by six summary tables (Summary 1 through 6) in which mean values for a number of pertinent variables are arranged in a frame of reference germane to the programs of instruction, research and health service.

The data available indicate that in 1975-76 the average medical school's full-time faculty numbered close to 350 individuals, of which about 250 were in the clinical and about 100 in the basic sciences. The average undergraduate medical student enrollment was about 500 students per school. Each medical school also enrolled an average of over 100 candi-

dates for master's and doctoral degrees in the basic medical sciences and was responsible for training close to 350 graduate medical students (residents). Total revenues averaged about $31 million per school.

It should be recognized that no school conforms to the average and that these statistics are quoted only as a frame of reference and not as a measure of a desirable or undesirable norm. As the tables in the report show, the means vary considerably among public and private schools, and even among institutions in the same cluster.

ABSTRACT

This report describes the medical schools in the United States in terms of their curricula, students, faculty, finances, teaching hospitals and clinics.

The data on which the report is based are derived for the most part from Part I and Part II of the Liaison Committee on Medical Education Questionnaire for 1975-76, and from the AAMC Student Information System. The information is the latest that was available at the time when the report was being prepared.

The report examines the medical schools by groups of institutions that share some similarity with each other in a number of institutional characteristics, such as public-private, established-developing. It includes over 100 tables in which variables that present selected institutional dimensions are displayed. The report also attempts to convey to the reader a measure of the complexities that surround medical education programs and of the diversity among the U.S. medical schools.

INTRODUCTION

Purpose

The purpose of this report is to present selected data, available to the Association of American Medical Colleges, concerning institutional characteristics that relate to faculty, students, cirriculum, finances and clinical affiliations, and to describe the similarities and dissimilarities revealed by the data for clusters of schools grouped by affinity criteria.

The study leading to this report was conducted with the support of and under contract with the DHEW, Bureau of Health Manpower (BHM).

A previous descriptive study of U.S. medical schools conducted by the AAMC in 1976 was based on 1974-75 data. The present study expands the scope and depth of analysis of the 1976 study, is based on the latest data available in 1977, and draws upon the results of previous work conducted by the Association concerning the classification of medical institutions according to institutional characteristics.

Resources for the study

The AAMC collects, interprets and disseminates data concerning U.S. medical schools. The purpose of the activity is to inform the public, Government and Congress and to serve as a resource for scholars and for the institutions themselves. Most of the data are provided to the AAMC directly by the schools, but the Association also obtains information from other organizations, which furthers knowledge on various aspects of medical education.

The AAMC's Institutional Profile System (IPS) is the repository for most of the institutional data maintained by the Association. As of September 1977, there were about 12,000 data elements in IPS, originating from 70 different sources. Many of these

data elements are longitudinal repetitions of the same variable over a number of years.

The major sources of the IPS database include: the Liaison Committee on Medical Education (LCME) Annual Questionnaires - Part I and Part II, the Fall Enrollment Questionnaire, other repetitive and non-repetitive questionnaires that collect data on medical school curricula, clinical service programs, residency, tuitions, and other information on institutional functions; aggregates from other AAMC information systems such as the Faculty Roster, the Medical School Applicant file, the Medical Student Information System, the Faculty Salary Survey; aggregates from sources of other organizations, such as the AMA Medical School Alumni file, and the IMPAC file of the NIH Division of Research Grants; other sources such as the Statistical Abstracts of the U.S., and published information that comes to the attention of the AAMC.

Despite the abundance of data available in the IPS, not all elements are equally important to describe institutional characteristics, nor are the values of the variables consistently available for all institutions; the institutional diversity that is typical of medical schools, and to which the data relate, often imposes constraints on the use of some of the information for statistical aggregations; in some cases the values of variables describing similar information, but originating from different sources, do not coincide because of differences in the perception of multiple respondents, and thus must be used with discretion and understanding of the situations to which they apply.

Over the past seven years, the AAMC has expended considerable effort to improve the quality of data collected from its constituents, with the result that the integrity, comparability, consistency and completeness of the data collected has improved significantly during this time frame.

The preparation of this report required extraction of selected data elements from IPS, and the creation of a separate "Researchable Database" compatible with standard data analysis computer packages. The methods used in the creation of the "Researchable Database" are described in the 1976 report which preceded this study. A list of the variables in the "Researchable Database" is presented in Appendix B.

SOME HISTORICAL PERSPECTIVES

Evolution to present form

The evolution of U.S. medical schools from the apprenticeship system prevalent in the 1800's to the present model began in response to the Flexner Report of 1910, which developed the theme that medical care must be based on thorough knowledge of the biomedical sciences, that the reservoir of scientific knowledge is in the universities, and that the medical schools and their teaching hospitals should be closely related to the academic centers of higher education.

This evolution accelerated following World War II. Medical schools, from relatively simple institutions concerned primarily with the education of M.D. candidates, have evolved into large and complex organizations, inextricably integrated with academic health centers, performing multiple functions. The education of growing numbers of health professionals, the discovery through biomedical research of new ways to diagnose, treat and prevent disease, and the provision of services to their surrounding communities, are among the many functions of U.S. medical schools and of their academic health centers.

Institutional diversity and roles

While these functions are typical of all schools, the institutions vary considerably in age, governance, organizational structure, staffing patterns, program emphasis, financial resources, size and interdependence with external organizations. This diversity has evolved in response to local or national needs and has been influenced by individual institutional missions, goals and traditions and by internal and external constraints.

Accreditation

All U.S. medical schools are expected to attain

standards of education that can provide assurance to society and to the medical profession that graduates are competent to meet society's expectations; to students, that they will receive a useful and valid educational experience; to the institutions, that their efforts and expenditures are suitably allocated.

The responsibility for evaluating the soundness of the school's education programs leading to the M.D. degree rests with the Liaison Committee on Medical Education (LCME), a joint committee of the American Medical Association and of the Association of American Medical Colleges. The LCME also includes representatives from the government and from the public. It is recognized as the official accrediting body for medical schools by the Council on Postsecondary Accreditation, the U.S. Commissioner of Education, the Bureau of Health Manpower, and various state licensing boards.

The external environment - the medical school's contribution

The process of accreditation is not intended to inhibit the evolution of medical schools in responding to the changing needs of society.

An informed public, increasingly aware of its moral obligations towards the disadvantaged, supportive of egalitarian principles, concerned with fairness to minorities and with the correction of perceived inequities, has contributed to the creation of the environment in which the schools exist. The schools, whose students, faculty and administrators have been at the front of this societal awakening, have responded. In the past quarter of a century student enrollment has more than doubled; the number of women candidates for the M.D. degree has more than tripled; the number of students from racial and ethnic minorities has grown five-fold; curricula have been modified and new teaching methods introduced; the schools have assumed increased responsibility for graduate medical education - the training of medical students past the M.D. degree through residency programs; direct involvement of faculty and students in hospital-based and community-based health services has become widespread and now reaches into regions remote from the schools' locale; biomedical research expenditures have gone from $21 million in 1950 to $823 million in 1976.

The federal and state government's contribution

This growth would not have been possible without public financial support - Federal grants for the construction of buildings to accommodate expanded enrollment and research; training grants; capitation grants; student scholarships and loans to help meet the increasing costs of medical education; support of research according to national priorities; state contributions from general revenue towards the funding of public medical schools and incentive grants for private ones. However, while federal and state funds have played an important role in stimulating expansion, the growth in medical education has outpaced these contributions by a wide margin. In recent years particularly, the Federal government has been quite selective in its support of programs, sometimes imposing conditions which the schools find difficult to accept.

INSTITUTIONAL FUNCTIONS

Education

The principal responsibility of a medical school is to provide its students with the opportunity to acquire a sound basic education in medicine and also foster the development of lifelong habits of scholarship and service.

The teaching responsibility of the medical school faculty includes instructing undergraduate and graduate medical students (residents) plus other students such as candidates for degrees in the basic medical sciences, and often students of other health professions.

The curricula of the medical schools vary depending on the orientation of the institution, but generally include instruction in the basic medical sciences and in the methods and skills utilized in the practice of medicine. In the clinical years the students are in direct contact with patients in the teaching hospitals, in the affiliated ambulatory clinics and in the remote preceptorships. In addition to the broad study of physical and mental diseases the medical school curriculum allows for the particular interests of each individual student by providing time for the study of elective subjects. At least one year of the curriculum in most schools is now essentially elective.

After completing the formal medical education leading to the M.D. degree, students are prepared for independent medical practice by undergoing intensive training in one or more of the specialities which each selects. The length of the graduate training depends on the specialty and on the degree of specialization. Graduate medical education takes place in the teaching hospitals and in ambulatory facilities.

Research

A medical school is responsible for the advancement of knowledge through research. In addition to biologically oriented studies, the research carried out in a medical school may include studies related to cultural and behavioral aspects of medicine, methods for the delivery of health care, and the medical education process.

The extent to which medical school faculties engage in research varies from school to school, among departments and units of the same schools, and among individual faculty members. Research however is an activity present in all medical schools because it provides the intellectual stimulus essential for quality medical education and because the faculties represent unique resources for the conduct of biomedical investigations.

Biomedical research, in addition to discovering new ways to cure and prevent disease, contributes to the education of biomedical scientists who represent a substantial proportion of the medical school's faculties.

Internal financial support for biomedical research is of course limited by the institution's fiscal resources. However, a much greater proportion of the research effort is underwritten by the federal government and other agencies through grants and contracts.

Health Services

Academic health centers constitute a unique and indispensable resource for the health needs of the nation. The faculty, physicians, the students serving clinical clerkships, the graduates in residency training, through their activities in the teaching hospitals and ambulatory clinics provide medical services to the community. These services include a large share of very sophisticated and intensive care, and provision of care to otherwise underserved populations.

The scope of the health care services rendered by the schools varies with the orientation and goals of each institution. Generally, schools with

large numbers of full-time clinical faculties and with large student bodies tend to be involved to a greater extent in health services to the communities.

Program overlaps

The institutional functions of a medical school -- instruction, research, health service -- although distinct in scope and purpose seldom occur in isolation. Programs almost always overlap. Health care is inseparable from teaching as students learn while serving in clinical clerkships and residencies; research and instruction occur simultaneously in many clinical and biomedical investigations; it is impossible to separate patient care from research when new drugs and approaches to diagnosis and treatment are involved.

The inseparability of these three functions continues to interest scholars who attempt to derive methods for separately measuring the products of each activity.

INSTITUTIONAL RESOURCES

Faculty, support personnel, access to teaching hospitals and clinics, equipment and facilities are the key resources of the medical school.

Faculty

Medical school faculties include physicians, biomedical scientists, behavioral scientists, and other scholars. They are full-time salaried employees of the institution, or part-time employees who receive only limited compensation, or volunteers who contribute their services without institutional compensation.

The medical school faculty serve multiple roles. More than 73 percent of M.D. faculty members for whom information was available in 1975-76 are involved in direct patient care activities in combination with their teaching, research and other faculty responsibilities.

Support Personnel

The operational functions of the medical school are carried out by a supporting staff which include physicians and other professional personnel, technicians, clerical employees and others. Support personnel are generally full-time salaried employees. Members of the faculty often have administrative and managerial responsibilities as well as academic ones.

Teaching Hospitals and Clinics

To acquaint students with a sufficient number and variety of cases, medical schools depend on affiliations with teaching hospitals, with ambulatory care centers, and on preceptorship agreements with practicing physicians. A relatively small number of teaching hospitals are owned by the medical schools or by their parent universities; the others

participate in the teaching programs of the schools through contractual agreements and relationships that are individually negotiated and that vary considerably even for a single school's affiliates. However all agreements are based on medical school control and supervision of the teaching programs. Each school generally has affiliation agreements with several hospitals, depending on the size of its student body and on the need for the number and mix of patients. Not all patients are suitable subjects for teaching, and few hospitals offer the full range of specialties to which students must be exposed. Affiliations may be "major" or "limited," depending on the extent to which the clinical specialties and services of the hospital or ambulatory unit participate in the programs of the medical school. Affiliations that concern only the residency programs are usually called "graduate" affiliations. Many teaching hospitals fall into the latter category.

The physical plant

Medical schools operate in physical facilities that vary in size, composition, configuration, vintage, type of ownership. Generally, these facilities include classrooms, teaching laboratories, research laboratories, offices for faculty and administrative personnel, libraries, vivaria, specialized buildings. Some schools own hospitals and clinics, some depend exclusively on affiliations for such facilities; some schools use their buildings exclusively, some share them with other units of the university. The physical plant of a medical school is, on average, worth more than 100 million dollars at current replacement value.

Organizational models

Medical schools in most instances are administratively subdivided into departments that correspond to broad medical and biomedical fields of study. The departmental structure generally serves to facilitate management and to define hierarchical and administrative roles, but programs, such as the teaching of a subject or research in a given area are often carried out without regard to departmental boundaries. In some institutions programs are administered along lines separate from the departmental framework.

Externally, the organizational model of the medical school is almost as diverse as there are schools. Some medical schools are free-standing, independently governed institutions, others are units of a broader aggregate of health professions schools constituted into an academic health center, which in turn may or may not be part of a university or a university system.

Public schools established by the states as part of their system of public higher education are governed in conformance with state statutes and are dependent on state financial support for a significant portion of their operating revenues. Private schools are non-profit institutions whose governance and revenues are to a greater or a lesser degree independent of the public political system.

Revenues and expenditures

Whether public or private, the schools derive revenues from many sources, including federal, state and local governments, foundations, philanthropies, student tuitions, fees for health services, endowment income and other. Some revenues can be used for any purpose of the school, other revenues can only be used for very specific purposes that are defined by the provider of the funds or by the school policy. Funds that originate from federal government sources are contributed in exchange for particular services or actions to be performed

by the school, such as enrolling additional students, or conducting specific research projects.

Program cost

The management of, and accountability for medical school revenues and expenditures is very complex: particularly controversial is the issue of

program cost, complicated by the simultaneous occurrence of instruction, research and patient care in most of the school's activities.

Papers and manuals proposing methods for the derivation of program costs are numerous, but much disagreement still exists on the validity of each of the approaches that have been suggested.

SCOPE AND METHODOLOGY

This report presents data on the characteristics of 108 of the Nation's 114 medical schools with medical students enrolled in the academic year 1975-76. The two institutions with a two-year basic medical sciences curriculum have been excluded from the following analysis, since their limited educational programs make them considerably different from degree-granting institutions. Four schools with a full M.D. degree granting curriculum could not be included, since they did not respond to 1975-76 Annual Medical School Questionnaires of the Liaison Committee on Medical Education. Responses to these questionnaires provide much of the information presented in the report.

In the 1975-76 academic year, the 108 institutions had a medical student enrollment of 54,125, the four schools for whom data are not available had an enrollment of 2,195 students, and 169 students were enrolled in the two-year schools, for a total entrollment of 56,244 medical students in all U.S. medical schools. In 1975-76, the 108 institutions had total budgets of $3,348,600,000.

Medical schools are diverse in size, objectives and goals, and organizational structure and ownership. This diversity is reflected in the descriptive data presented in this report on the finances, students, faculty, clinical affiliations, and curricula of the 108 institutions.

In order that the information can be presented in as comprehensible a fashion as possible, the 108 institutions have been grouped in sub-sets, where the schools in each sub-set are similar to each other but different from schools in other groups. A frame of reference is also provided by a presentation of aggregate data for all 108 institutions.

The schools have been grouped first by ownership; there are 62 public schools and 46 private schools. The 108 institutions are then divided into a group of established schools, eighty-one in number, that had M.D. graduating classes prior to 1968-69, and twenty-seven developing schools, that

had or will have their first graduating class after 1968-69.

Established schools are further broken down into six clusters. These clusters were determined by applying the Ward hierarchical and Forgy non-hierarchical cluster analysis to five factor scores. These factor scores, based on 24 variables, describe dimensions of graduate medical education emphasis, size and age, public or private control, research funding success, and research emphasis. (A discussion of the factors and their component variables is provided in Appendix A.)

The procedure by which the clusters were determined is described in "An Empirical Classification of U.S. Medical Schools by Institutional Dimensions." This procedure resulted in two additional clusters made up of institutions that are in the developing stages.[1]

The six clusters of established schools may be described as follows, in terms of the five factor scores.

Cluster 1 is made up of 13 public medical schools that, as a group, have no other distinguishing characteristics than the fact that they are established schools. The schools are below the average for all medical schools in emphasis on graduate medical education, research funding success, and research emphasis. The schools which form the cluster have an average enrollment of over 500 undergraduate medical students, of whom over 95 percent are from the state in which the school is located. These schools tend to be among the least expensive to attend, and they have the smallest ratio of applicants per first year medical student of any of the six clusters.

The schools which combined to form Cluster 2

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[1]McShane, Michael G. "An Empirical Classification of U.S. Medical Schools by Institutional Dimensions," March 1977, Association of American Medical Colleges and Department of Health, Education, and Welfare. The cluster analysis resulted in one established school being grouped with developing schools. For the purpose of this presentation, this established school has been included in the most appropriate cluster of established schools.

are, as a group, the oldest and largest of the 108 medical schools. Six of the 8 schools in the cluster are public schools with an average enrollment of about 900 undergraduate medical students. The schools in this cluster resemble those in Cluster 1 in that they do not place much emphasis on either graduate medical education or research, and their research funding success is slightly below average. The schools which make up Cluster 2 may be characterized as having a high ratio of undergraduate medical students per full-time faculty, slightly below average resident tuition rates and ratios of applicants per first year medical students, and above average amounts of total revenue.

The 13 schools which comprise Cluster 3 are public schools which have a high degree of research emphasis and research funding success compared with graduate medical education emphasis. These schools are of moderate size and age. They devote a relatively low percentage of their expenditures to administration.

Cluster 4 consists of 7 public and 7 private medical schools with large undergraduate and graduate medical education programs. These schools have an average of over 650 undergraduate medical students, but have a low ratio of undergraduate medical students per full-time faculty member. The comparative strength of the medical schools in this cluster is illustrated by the fact that Cluster 4 has high mean values on the following variables: percent of faculty with an M.D. degree, and total revenue. In addition, the schools in Cluster 4 have high mean values on ratio of housestaff (interns and residents) to undergraduate medical students, percent of living alumni who are board certified, average salary (strict full-time basic science associate professor), and percent of total expenditures devoted to sponsored research. An average of only 10 percent of the living alumni of the schools in Cluster 4, however, were in general practice.

The final two clusters are composed almost exclusively of private schools with roughly complementary profiles.

The schools in Cluster 5, 1 public and 17 private, are slightly above average in size and age and have a moderately high degree of research funding success, but place low emphasis on graduate medical education and research compared to other medical schools. As a group, these schools are the most

expensive to attend, enroll the fewest undergraduate medical students from the states in which they are located, and have one of the two highest numbers of applicants per enrolled first year medical student of any of the clusters.

The schools in Cluster 6, 1 public and 14 private, by way of contrast have strong emphasis for both research and graduate medical education, but tend to have slightly fewer undergraduate medical students and slightly less research funding success than the average school. The schools in this cluster have the highest ratio of students to full-time faculty of all clusters. They also have the second highest average total revenue of all clusters and receive the highest proportion of their revenues from the federal government of any of the clusters.

The preceding paragraphs describe the 6 clusters for established schools. However, the clusters vary in the degree of homogeneity, or similarity, of the schools which they contain. The variation of the schools in each cluster will be manifest by the data presented in this publication. The information is shown in terms of a frequency distribution of the schools in each cluster in relation to the specific variable selected to highlight a medical school characteristic.

In general the grouping underlying the six clusters reflects principally the size, age and control of the schools. The results of this particular procedure, it must be recognized, is only one of an infinite complex of possible solutions clustering analysis provides.

The twenty-seven developing schools, for the purpose of this publication, have not been grouped by the cluster analysis procedure. These institutions which had, or will have their first graduating class after 1968-69, are shown in two groups: The eight public and two private schools in Cluster 7 enrolled their first class of medical students for the full curriculum leading to the doctor of medicine degree in 1971-72 or after. One school, Rush Medical College of Rush University, enrolled its first entering class in 1971-72; it is, however, a successor to an earlier institution that graduated its last class in the 1940's. Two public schools were formerly schools of basic medical sciences with a two-year curriculum. Cluster 8 is composed of thirteen public and four private institutions. These schools enrolled their first class of medical students for the full curriculum leading to the

doctor of medicine degree prior to 1971-72. The group includes four (two public and two private schools) that were formerly schools with a two-year basic medical sciences curriculum. Although it is a successor to a long established institution, the University of California-Irvine is included in this group since its development of a program leading to the M.D. degree occurred in the same time frame as the other schools in this cluster.

A listing of the schools by clusters follows.

MEDICAL SCHOOLS, BY CLUSTER

Cluster 1
Arkansas
Georgia
Kentucky
Louisiana - New Orleans
Louisville
Maryland
Mississippi
Nebraska
Ohio
Oklahoma
Oregon
South Carolina, Univ. of
Tennessee

Cluster 2
Illinois
Indiana
*Jefferson
New York - SUNY - Buffalo
- SUNY - Downstate
Temple
Texas - Galveston
Wayne State

Cluster 3
Alabama
Colorado
Florida
Iowa
Kansas
Missouri - Columbia
New Mexico
North Carolina
Puerto Rico
Utah
Virginia, Univ. of
West Virginia
Wisconsin, Univ. of

Cluster 4
*Albert Einstein
California - Los Angeles
California - San Francisco
*Columbia
*Harvard
*Miami
Michigan, Univ. of
Minnesota - Minneapolis
New Jersey - CMDNJ - New Jersey Medical
*New York Medical
*New York University
New York - SUNY - Upstate
*Pittsburgh
Texas - Dallas (Southwestern)

Cluster 5
*Albany
*Boston
*Bowman Gray
*Chicago Medical
*Creighton
*Georgetown
*George Washington
*Hahnemann
*Howard
*Loma Linda
*Loyola - Stritch
*Meharry
*Northwestern
*Pennsylvania, Medical College of
*Saint Louis
*Tufts
*Tulane
Vermont

Cluster 6
*California, Southern
*Case Western Reserve
*Chicago - Pritzker
Cincinnati
*Cornell

Cluster 6, continued
*Duke
*Emory
*Johns Hopkins
*Pennsylvania, Univ. of
*Rochester
*Stanford
*Vanderbilt
*Washington Univ. (St. Louis)
*Wisconsin, Medical College of
*Yale

Cluster 7
Alabama, South
Florida, South
Illinois, Southern
Missouri - Kansas City
New York - SUNY - Stonybrook
North Dakota
*Rush
South Dakota
Texas Tech
*Virginia, Eastern

Cluster 8
Arizona
*Brown
California - Davis
California - Irvine
California - San Diego
Connecticut
*Dartmouth
Hawaii
Louisiana - Shreveport
Massachusetts
Michigan State
*Mount Sinai
New Jersey - CMDNJ - Rutgers
Ohio, Medical College of
*Pennsylvania State
Texas - Houston
Texas - San Antonio

* private medical school

RELATIONSHIP AMONG INSTITUTIONAL CHARACTERISTICS

This chapter highlights the relationship among selected variables concerning faculty, students, clinical facilities, and finances in a frame of reference germane to the major programs of the institutions.

The data, presented on tables Summary 1 through Summary 6, are displayed in terms of mean value per cluster and also in terms of the ratio of the mean value for each cluster to the mean value for all schools. Some of the variables selected are significant for all three programs and therefore they reoccur, in some fashion, in all six summary tables.

The variables used to illustrate the programmatic relationships were selected because of their informative value and because they are among the most accurate in the IPS data base. To employ other approaches would have required extensive manipulation of the available data and acquisition of additional data and would have been beyond the scope of this report.

Since the data available and presented across institutional characteristics are not sufficiently program oriented, it is not possible to illustrate in this report all the intricate relationships that can occur or the variations that exist across institutions even in terms of these three major programs. For instance, the financial characteristics of an education program must take into account not only the revenues and expenditures associated with instruction activities, but also elements such as expenditures for administrative and general functions necessary to support the program, an appropriate portion of the cost of library resources and of plant operation and maintenance, and the revenue and expenditures that are generated by faculty participation in research and clinical practice to the extent necessary to assure continued faculty competence. With the data presently available it is not possible to present the distribution of this financial information to each of the programs, and therefore the analysis that follows is limited to the larger elements which, with some approximation, are identifiable with a particular program. A similar observation should be made with respect to other characteristics: it would be an inaccurate oversimplification to derive ratios of faculty to students or students to clinical facilities, etc., without additional extensive knowledge of other elements impacting on these programmatic relationships.

Education Program (Tables Summary 1 and 2)

The pertinent variables show that in 1975-76 the full-time clinical faculty of the average medical school was about three times as large as the full-time basic science faculty. The largest number of full-time students were those in the undergraduate medical program, with the next largest being the number of interns and residents in the graduate medical education program. The average medical school has access to a total of 3100 beds in owned and major affiliated hospitals. The number of beds should be considered an indicator of the volume of the patient pool used for teaching rather than a direct measure of this resource because not all beds are filled at all times nor are all patients used for teaching. The average medical school used $13.2 million of its revenues to support its educational programs, or two out of five dollars of the 1975-76 total revenue.

Of course it is recognized that no school conforms to the average, that all schools are different, and that the statistical averages are presented only as a frame of reference and not as a measure of a desirable or undesirable norm. For instance, the means for the public schools, as a group, which include most developing schools, fall below the averages for all schools. However, the public schools as a group invest close to fifty percent of their revenues for activities related predominantly to their education programs, while the private schools as a group spend about thirty-seven percent. It is to be noted however that state and local governments contribute about thrity-five percent of the public schools' total revenues but only less than four percent of the private schools.

The distinction between public and private institutions is by no means the only or the predominant factor in the diversity among schools. In fact, the difference in the profiles of clusters five and six is even more pronounced: the variables for the schools in the two clusters pertaining to educational programs are significantly diverse, yet cluster five is composed of seventeen private and only one public school, and fourteen private and one public school comprise cluster six. Between them, these two clusters account for thirty-one of the forty-six private schools included in this report.

The developing schools, which account for 22 of the 62 public schools, differ considerably from the other schools in all of the selected variables relevant to the educational program of the institution.

Research Program (Tables Summary 3 and 4)

One-fifth of the total revenue of the average medical school in 1975-76 was provided for the specific purpose of supporting biomedical research investigations conducted in the laboratories and clinics of the medical school. The $7.6 million average sponsored research program utilized the unique capabilities of the medical school faculty and staff in responding to the specific targeted research objectives and needs of Federal, state and local agencies, private corporations, and foundations. Funds were also provided by these sponsors, and by medical school use of income from endowments for the support of investigations proposed by the faculty. These, investigator-initiated projects, as well as some part of the targeted research investigations also supported the conduct of fundamental research in the basic sciences essential for the future of medical and biological research.

Sponsored research at the average private school amounted to $10 million, exceeding the $5.9 million average for all public schools. Funds for this program represented more than one-fourth the total revenue of the average private school, but less than one-fifth (18 percent) for the public school group.

The schools in cluster 4 (seven public and seven private) and cluster 6 (fourteen private and one public) were most heavily involved in research of all the groups, both in terms of the average dollar size of the program, and in the percent of their total revenue. These schools also had the largest average number of full-time faculty--both clinical and basic science--as a resource for the conduct of research. A broad research activity also attracts and is supported by a large number of candidates for the masters and doctoral degree in the basic sciences; the schools in clusters 4 and 6 also had substantially larger than average enrollments of these students, although the six public and two private schools in cluster 2 and the thirteen public schools in cluster 3 also exceeded the national average in the enrollment of M.S. and Ph.D. candidates. The schools in clusters 2 and 3, however,

have sponsored research activities below the national average.

Another indication of the diversity of medical schools in the size of their research programs is exemplified by a comparison of the average research program of the older developing schools in cluster 8 with that for the established schools in clusters 1 and 5. The cluster 8 schools (thirteen public and four private) which have not yet attained their full enrollment of students and number of full-time faculty had an average sponsored research program of $4.4 million, considerably higher than the $3.6 million average for the established schools in cluster 1 (all public) and the $3.9 million average for the established schools in cluster 5 (all private).

Health Services (Tables Summary 5 and 6)

The available data for this descriptive study do not provide a direct measure of the extent to which the medical school is directly involved in the delivery of health service to the community. The activities of the hospitals owned by, or affiliated with, the medical school are excluded from the researchable data base underlying this report.

An indirect measure, however, can be approximated by considering the funds provided to the medical school through the approved clinical practice of the faculty, and the programs for community service sponsored by Federal and state and local agencies. These sponsored health service activities --in neighborhood health centers, ambulatory clinics, and community hospitals--are reported by the medical school along with funds for sponsored activities combining research, teaching, and service, but the health service program forms the largest part of these sponsored programs.

Combined, these two indirect measures of health service involvement provided more than one-fifth of the total revenue of the average medical school; the mean for all private schools as a group was slightly higher than the overall average.

The variables selected to describe the resources available to the medical school for the delivery of health services--faculty with the doctor of medicine degree, undergraduate and graduate medical students, clinical facilities--show a pattern for the school groupings that is fairly consistent with the magnitude--in dollar

terms and in percent of total revenue--of the indirect measures of health care delivery. This is so particularly for the seven public and seven private schools in cluster 4 which have an average of $17.1 million dollars for professional practice plan income and sponsored service programs; this represented thirty percent of the total revenue for this group. The other measures for this cluster all show substantially higher averages than the national means.

The pattern also appears to be fairly consistent for cluster 6 (fourteen private and one public school), the group with the next largest average income--$11.3 million--from these two sources; for cluster 5 (17 private and one public school) the group with the lowest average combined income--$3.7 million-- of the established schools; and for all developing schools.

The major medical school programs have been reviewed as separate entities only to facilitate this presentation of a summary of the voluminous detailed data provided in this publication. Education, research, and service are interacting elements, each strengthening and supporting the other, with faculty, students, and curricula involved in all three. In seeking to accomplish National objectives and meeting society's needs, the medical school sum is thus greater than the parts.

SUMMARY 1

ASPECTS OF THE EDUCATION PROGRAM IN U.S. MEDICAL SCHOOLS
A SUMMARY OF SELECTED VARIABLES BASED ON THE CLUSTER DISTRIBUTION OF SCHOOLS, 1975-76

The data displayed on this table are the mean values for each variable by cluster and are derived from the sources identified in the footnote.

SCHOOL GROUPINGS	Full-time Faculty			Students				Facilities	Revenues		Expenditures		
	Total	Clinical	Basic Science	Under-Grad Medical	M.S. Ph.D.	Grad Medical	Under-Grad Med & Grad Medical	Beds In Owned & Affil. Hosp.	Total Operating	State & Local Gov't	Instr. & Dept'l Research	Spon. Teaching Training	Instruction & Dep'l Resrch and Sponsored Tchg Trng
									Millions of Dollars				
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
ALL SCHOOLS	341	248	93	501	116	343	844	3,100	$16.4	$ 6.3	$ 9.8	$3.4	$13.2
Public	293	206	87	495	122	322	817	2,900	16.7	10.1	10.5	3.2	13.7
Private	405	304	100	509	107	371	880	3,500	15.9	1.3	8.9	3.7	12.6
ESTABLISHED	396	294	102	583	130	386	969	3,400	18.2	6.2	10.8	4.0	14.8
Cluster 1	314	219	96	584	103	310	894	3,800	14.5	8.5	9.1	2.6	11.7
Cluster 2	354	235	119	915	169	358	1,273	4,500	24.2	15.7	14.3	5.3	19.6
Cluster 3	362	262	99	480	158	306	786	2,500	18.6	8.6	13.2	3.7	16.9
Cluster 4	623	497	126	660	132	674	1,334	3,900	23.7	8.7	12.1	5.4	17.5
Cluster 5	223	157	66	533	70	245	778	2,900	9.7	.8	6.2	2.5	8.7
Cluster 6	514	393	121	483	182	451	934	2,900	23.0	1.3	12.8	5.3	18.1
DEVELOPING	176	111	65	256	57	211	467	2,200	10.9	6.7	6.7	1.6	8.3
Cluster 7	120	65	55	184	31	98	282	1,800	7.4	6.2	4.3	1.3	5.6
Cluster 8	208	137	71	298	64	271	569	2,400	12.9	7.0	8.1	1.8	9.9

Source: Column (1) - Table Fac. 3
Column (2) - Table Fac. 5
Column (3) - Table Fac. 4
Column (4) - Table St. 7
Column (5) - Table St. 21
Column (6) - Table St. 22
Column (7) - Sum of columns 4 & 6
Column (8) - Table Cf. 10
Column (9) - Table Fin. 6
Column (10) - Table Fin. 7
Column (11) - Table Fin. 18
Column (12) - Table Fin. 16
Column (13) - Sum of columns 11 & 12

SUMMARY 2

ASPECTS OF THE EDUCATION PROGRAM IN U.S. MEDICAL SCHOOLS
INDICES OF SELECTED VARIABLES DERIVED FROM SUMMARY 1

The data displayed on this table represent an index of the relative value of the means for each cluster to the value of the mean for all schools.

SCHOOL GROUPINGS	Full-time Faculty			Students				Facilities	Revenues		Expenditures		
	Total	Clinical	Basic Science	Under-Grad Medical	M.S. Ph.D.	Grad Medical	Under-Grad Med & Grad Medical	Beds in Owned & Affil. Hosp.	Total Operating	State & local gov't	Instr. and dep'l resrch	Sponsored teaching training	Instruction & Dep'l resrch and sponsored tchg trng
									Millions of Dollars				
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
ALL SCHOOLS	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Public	85.9	83.1	93.5	98.8	105.2	93.9	96.8	93.5	101.8	160.3	107.1	94.1	103.8
Private	118.8	122.6	107.5	101.6	92.2	108.2	104.3	112.9	97.0	20.6	90.8	108.8	95.5
ESTABLISHED	116.1	118.5	109.7	116.4	112.1	112.5	114.8	109.7	111.0	98.4	110.2	117.6	112.1
Cluster 1	92.1	88.3	103.2	116.6	88.8	90.4	105.9	122.6	88.4	134.9	92.9	76.5	88.6
Cluster 2	103.8	94.8	128.0	182.6	145.7	104.4	150.8	145.2	147.6	249.2	145.9	155.9	148.5
Cluster 3	106.2	105.6	106.5	95.8	136.2	89.2	93.1	80.6	113.4	136.5	134.7	108.8	128.0
Cluster 4	182.7	200.4	135.5	131.7	113.8	196.5	158.1	125.8	144.5	138.1	123.5	158.8	132.6
Cluster 5	65.4	63.3	71.0	106.4	60.3	71.4	92.2	93.5	59.1	12.7	63.3	73.5	65.9
Cluster 6	150.7	158.5	130.1	96.4	156.9	131.5	110.7	93.5	140.2	20.6	130.6	155.9	137.1
DEVELOPING	51.6	44.8	69.9	51.1	49.1	61.5	55.3	71.0	66.5	106.3	68.4	47.1	62.9
Cluster 7	35.2	26.2	59.1	36.7	26.7	28.6	33.4	58.1	45.1	98.4	43.9	38.2	42.4
Cluster 8	61.0	55.2	76.3	59.5	55.2	79.0	67.4	77.4	78.7	111.1	82.7	52.9	75.0

Source: Derived from Summary 1.

SUMMARY 3

ASPECTS OF THE RESEARCH PROGRAM IN U.S. MEDICAL SCHOOLS
A SUMMARY OF SELECTED VARIABLES BASED ON THE CLUSTER DISTRIBUTION OF SCHOOLS, 1975-76

The data displayed on this table are the mean values for each variable by cluster and are derived from the sources identified in the footnote.

SCHOOL GROUPINGS	Full-time Faculty				Students	Revenues (Millions of Dollars)			Sponsored Research As Percent Of Total Revenue
	Total	Clinical	Basic Science	Basic Science As % Of Total	MS-PhD Students	Total	Regular Operating	Sponsored Research	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
ALL SCHOOLS	341	248	93	27.3	116	$31.0	$16.4	$7.6	21.6
Public	293	206	87	29.7	122	28.7	16.7	5.9	17.8
Private	405	304	100	24.7	107	34.1	15.9	10.0	26.7
ESTABLISHED	396	294	102	25.8	130	35.9	18.2	9.1	22.9
Cluster 1	314	219	96	30.6	103	23.8	14.5	3.6	15.0
Cluster 2	354	235	119	33.6	169	38.0	24.2	5.8	16.7
Cluster 3	362	262	99	27.3	158	33.8	18.6	7.4	20.8
Cluster 4	623	497	126	20.2	132	58.0	23.7	16.5	26.5
Cluster 5	223	157	66	29.6	70	17.6	9.7	3.9	20.8
Cluster 6	514	393	121	23.5	182	48.4	23.0	16.3	34.2
DEVELOPING	176	111	65	36.9	57	16.3	10.9	3.2	17.7
Cluster 7	120	65	55	45.8	31	9.9	7.4	1.1	12.8
Cluster 8	208	137	71	34.1	64	20.0	12.9	4.4	20.6

Source: Column (1) - Table Fac. 3
Column (2) - Table Fac. 5
Column (3) - Table Fac. 4
Column (4) - Column 3 divided by column 1
Column (5) - Table St. 21
Column (6) - Table Fin. 5
Column (7) - Table Fin. 6
Column (8) - Table Fin. 15
Column (9) - Table Fin. 25

SUMMARY 4

ASPECTS OF THE RESEARCH PROGRAM IN U.S. MEDICAL SCHOOLS
INDICES OF SELECTED VARIABLES DERIVED FROM SUMMARY 3

The data displayed on this table represent an index of the relative value of the means for each cluster to the value of the mean for all schools.

SCHOOL GROUPINGS	Full-time Faculty				Students	Revenue			Sponsored Research As Percent Of Total Revenue
	Total	Clinical	Basic Science	Basic Science As % Of Total	MS-PhD Students	Total	Regular Operating	Sponsored Research	
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
ALL SCHOOLS	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Public	85.9	83.1	93.5	108.8	105.2	92.6	101.8	77.6	82.4
Private	118.8	122.6	107.5	90.5	92.2	110.0	97.0	131.6	123.6
ESTABLISHED	116.1	118.5	109.7	94.5	112.1	115.8	111.0	119.7	106.0
Cluster 1	92.1	88.3	103.2	112.1	88.8	76.8	88.4	47.4	69.4
Cluster 2	103.8	94.8	128.0	123.1	145.7	122.6	147.6	76.3	77.3
Cluster 3	106.2	105.6	106.5	100.0	136.2	109.0	113.4	97.4	96.3
Cluster 4	182.7	200.4	135.5	74.0	113.8	187.1	144.5	217.1	122.7
Cluster 5	65.4	63.3	71.0	108.4	60.3	56.8	59.1	51.3	96.3
Cluster 6	150.7	158.5	130.1	86.1	156.9	156.1	140.2	214.5	158.3
DEVELOPING	51.6	44.8	69.9	135.2	49.1	52.6	66.5	42.1	81.9
Cluster 7	35.2	26.2	59.1	167.8	26.7	31.9	45.1	14.5	59.3
Cluster 8	61.0	55.2	76.3	124.9	55.2	64.5	78.7	57.9	95.4

Source: Derived from Summary 3.

SUMMARY 5

ASPECTS OF THE HEALTH SERVICE PROGRAM IN U.S. MEDICAL SCHOOLS
A SUMMARY OF SELECTED VARIABLES BASED ON THE CLUSTER DISTRIBUTION OF SCHOOLS, 1975-76

The data displayed on this table are the mean values for each variable by cluster and are derived from the sources identified in the footnote.

SCHOOLS GROUPINGS	Full-time Faculty With M.D. Degree		Students			Facilities	Revenue (Millions of Dollars)				Percent Of Total Revenue	
	Number	Percent Of Total Faculty	Undergrad Medical	Graduate Medical	Undergrad and Grad Medical	Beds in Owned & Affil. Hospitals	Total	Regular Operating	Professional Practice Plans	Sponsored Comm Serv And Multipurp	Professional Practice Plans	Sponsored Community Serv And Multipurp
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
ALL SCHOOLS	212	62.1	501	343	844	3,100	$31.0	$16.4	$3.9	$3.6	11.4	9.9
Public	181	58.8	495	322	817	2,900	28.7	16.7	3.4	2.8	10.6	9.3
Private	253	66.2	509	371	880	3,500	34.1	15.9	4.4	4.6	12.4	10.6
ESTABLISHED	246	63.6	583	386	969	3,400	35.9	18.2	4.5	4.6	12.7	12.1
Cluster 1	196	58.0	584	310	894	3,800	23.8	14.5	2.7	3.1	11.7	13.4
Cluster 2	211	59.5	915	358	1,273	4,500	38.0	24.2	3.2	2.6	7.9	7.4
Cluster 3	213	59.8	480	306	786	2,500	33.8	18.6	6.4	4.1	18.4	13.8
Cluster 4	392	67.9	660	674	1,334	3,900	58.0	23.7	4.7	12.4	8.4	22.1
Cluster 5	142	65.5	533	245	778	2,900	17.6	9.7	2.3	1.4	12.6	6.8
Cluster 6	322	67.2	483	451	934	2,900	48.4	23.0	7.5	3.8	15.5	9.0
DEVELOPING	110	57.3	256	211	467	2,200	16.3	10.9	1.9	.6	7.3	3.3
Cluster 7	80	55.1	184	98	282	1,800	9.9	7.4	.1	.1	.9	1.1
Cluster 8	126	58.5	298	271	569	2,400	20.0	12.9	3.9	.9	1.6	4.6

Source: Column (1) - Table Fac. 10
Column (2) - Table Fac. 11
Column (3) - Table St. 7
Column (4) - Table St. 22
Column (5) - Sum of columns 3 and 4
Column (6) - Table Cf. 10
Column (7) - Table Fin. 5
Column (8) - Table Fin. 6
Column (9) - Table Fin. 8
Column (10) - Table Fin. 17
Column (11) - Table Fin. 22
Column (12) - Table Fin. 27

SUMMARY 6

ASPECTS OF THE HEALTH SERVICE PROGRAM IN U.S. MEDICAL SCHOOLS
INDICES OF SELECTED VARIABLES DERIVED FROM SUMMARY 5

The data displayed on this table represent an index of the relative value of the means for each cluster to the value of the mean for all schools.

SCHOOL GROUPINGS	Faculty With M.D. Degree		Students			Facilities	Revenue				Percent Of Total Revenue	
	Number	Percent Of Total Faculty	Undergrad Medical	Graduate Medical	Undergrad and Grad Medical	Beds in Owned & Affil. Hospitals	Total	Regular Operating	Professional Practice Plans	Spon. Comm Serv Multipurp	Professional Practice Plans	Spon. Comm Serv Multipurp
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
ALL SCHOOLS	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0	100.0
Public	85.4	94.7	98.8	93.9	96.8	93.5	92.6	101.8	87.2	77.8	93.0	93.9
Private	119.3	106.6	101.6	108.2	104.3	112.9	110.0	97.0	112.8	127.8	108.8	107.1
ESTABLISHED	116.0	102.4	116.4	112.5	114.8	109.7	115.8	111.0	115.4	127.8	111.4	122.2
Cluster 1	92.5	93.4	116.6	90.4	105.9	122.6	76.8	88.4	69.2	86.1	102.6	135.4
Cluster 2	99.5	95.8	182.6	104.4	150.8	145.2	122.6	147.6	82.1	72.2	69.3	74.7
Cluster 3	100.5	96.3	95.8	89.2	93.1	80.6	109.0	113.4	164.1	113.9	161.4	139.4
Cluster 4	184.9	109.3	131.7	196.5	158.1	125.8	187.1	144.5	120.5	344.4	73.7	223.2
Cluster 5	67.0	105.5	106.4	71.4	92.2	93.5	56.8	59.1	59.0	38.9	110.5	68.7
Cluster 6	151.9	108.2	96.4	131.5	110.7	93.5	156.1	140.2	192.3	105.6	136.0	90.9
DEVELOPING	51.9	92.3	51.1	61.5	55.3	71.0	52.6	66.5	48.7	16.7	64.0	33.3
Cluster 7	37.7	88.7	36.7	28.6	33.4	58.1	31.9	45.1	2.6	2.8	7.9	11.1
Cluster 8	59.4	94.2	59.5	79.0	67.4	77.4	64.5	78.7	76.9	25.0	101.8	46.5

Source: Derived from Summary 5.

CURRICULUM

The similarities and the diversities that distinguish the U.S. medical schools are reflected by their curricula, each school choosing the path best suited for its own individual objectives and goals, yet all schools adhering to the tenets of American medical education.

The process of education begins in the undergraduate years of medical school - culminating with the award of the M.D. degree, and continues through the post - M.D. graduate years, during which students are prepared for the practice of medicine by undergoing in-depth training in particular areas of medicine, and continuing thereafter in order to keep abreast of advances in medicine.

The undergraduate curriculum is generally concerned with the fundamental principles involved in human development, structure and function. Students are trained in the problem-solving process of diagnosing disease; they acquire basic skills and knowledge of technical procedures to treat illness and learn methods for maintaining human health; they are encouraged to develop attitudes and motivations that will enable them to keep abreast of new developments in medicine throughout their professional career.

The undergraduate curriculum traditionally has been divided into basic and clinical sciences, however, the distinction between these disciplines is becoming increasingly blurred in the education process. Most schools now allow students considerable latitude in managing their own learning process and permit relative freedom in the choice and sequence of the subjects of study as well as in the time in which each student must complete the entire undergraduate program. "Core" curricula, in which mandatory courses are supplemented by a wide variety of electives have been adopted by many schools. Many schools use an interdisciplinary approach in which groups of faculty collaborate in teaching multiple disciplines by focusing on organ systems. Student contact with patients begins early, often during

the very first year and is most intense in the final years. The last four semesters, or their equivalent time periods, are almost exclusively devoted to education in the clinical setting.

The clinical educational periods - clinical clerkships - vary from school to school in length (from less than one week to as many as 14 weeks per clerkship, depending on the specialty and on the school), in subject and in number. Table Cu.-1 shows that for the 108 schools whose 1975-76 data were included in this report, the average number of clerkships mandatory in the curriculum averages 6.8 per school, with 88 percent of the 108 schools falling in the 4 to 9 clerkships range. The pattern is approximately the same for all cluster groups. Required clerkships that occur most frequently among those reported include family medicine, internal medicine, obstetrics/gynecology, pediatrics, psychiatry, surgery, and one or more surgical specialties.[1]

Table Cu.-2 shows that from 33 to 60 schools offer clerkships in ambulatory care for internal medicine, family medicine, pediatrics, and obstetrics/gynecology. As few as 10 and as many as 92 schools offer up to sixteen elective clerkships in their curricula. Table Cu.-3 indicates that the most frequently offered are: emergency medicine (92 schools); community preventive medicine (85 schools); alcoholism (75 schools); human sexuality (74 schools); drug abuse (73 schools); and, health care delivery systems (70 schools).

Another feature of the undergraduate education process concerns the behavioral aspects of the patient-physician relationship. In this context, courses in the humanities are included with increasing frequency in medical school curricula.[2] Students are encouraged to participate in ambulatory care programs at locations remote from the medical school in rural areas and in urban underserved neighborhoods, to better relate to the environment in which they may be called upon to serve as physicians.

Curricular diversity is also found in the length of the undergraduate program of study. Table Cu.-4 shows that while a majority of the schools - 56.9

1/Required clerkships are those that are mandatory for all students of the school enrolled in the MD program. These clerkships are identified for each school in the AAMC Curriculum Directory.
2/ See the AAMC Curiculum Directory for details of each school's program.

percent, hold to a standard four-year program, 15.5 percent offer a four-year program with option to complete in three, and 4.3 percent require completion in three years. Other schools have a variety of combinations allowing from as many as 32 months minimum to as many as six years maximum for the completion requirement.[1]

In addition to the M.D. undergraduate program, the medical schools offer options for courses of study leading concurrently to the M.D. and to other degrees: Table Cu.-4 indicates that 75 percent of the schools offer M.D.-Ph.D. degrees, and 44.9 percent offer M.D.-Master's degrees programs. Other schools make available options such as advanced standing in the M.D. program for holders of Ph.D. degrees.

Having attained the M.D. degree, students enter the phase of Graduate Medical Education, which is that period in the formal education and training of a physician which prepares him to qualify for certification in a specific clinical discipline. Certification requires the satisfactory completion of a program of education and training, and passing an examination conceived and administered by a national body representing the discipline (Specialty Boards). The curricula for the graduate programs differ widely and are governed by the requirements of the particular certifying boards, but fundamental to graduate medical education is the responsibility for caring for patients in a faculty-supervised setting. As residents achieve increasing knowledge, skills and judgment, they are given increased responsibility for making decisions and providing services. Certification that an individual is prepared for independent patient-care responsibility is a dual function of the graduate medical institutions and of the Boards.[2]

1/See AAMC Curriculum Directory for details of each school's program.
2/Journal of Medical Education, August 1973.

TABLE Cu. 1

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
NUMBER OF "REQUIRED CLERKSHIPS" IN THE CURRICULUM, 1975-76

Required clerkships in the curriculum range, for most schools, between 4 and 9. In that respect, the variation among cluster groups is very small, in terms of frequency distribution and of means.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN NUMBER OF REQUIRED CLERKSHIPS) 0-3	4-6	7-9	10-12	13-15	MEAN
ALL SCHOOLS	108	3	56	40	7	2	6.8
Public	62	1	34	22	4	1	6.8
Private	46	2	22	18	3	1	6.8
ESTABLISHED	81	3	39	30	7	2	6.9
Cluster 1	13	-	7	4	1	1	7.2
Cluster 2	8	-	6	2	-	-	6.0
Cluster 3	13	-	5	6	2	-	7.3
Cluster 4	14	1	5	6	2	-	7.1
Cluster 5	18	1	10	5	1	1	6.7
Cluster 6	15	1	6	7	1	-	6.7
DEVELOPING	27	-	17	10	-	-	6.4
Cluster 7	10	-	6	4	-	-	6.4
Cluster P	17	-	11	6	-	-	6.5

Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part II, 1975-76 (Variable number CRR010 in Researchable Data Base)

TABLE Cu. 2

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
NUMBER OF SCHOOLS OFFERING AMBULATORY CARE
MEDICINE CLERKSHIPS IN SPECIFIC AREAS, 1975-76

The schools included in this table offer one or more of the clerkships in ambulatory care medicine listed at the head of columns 1 through 4. Ambulatory care in pediatrics is the specialty most frequently reported by schools in all groups, except clusters 5 and 7. This table does not distinguish between elective and required clerkships.

SCHOOL GROUPINGS	Specialty			
	Internal medicine	Family medicine	Pediatrics	Obstetrics/ gynecology
	(1)	(2)	(3)	(4)
ALL SCHOOLS	36	33	60	41
Public	18	20	36	25
Private	18	13	24	16
ESTABLISHED	28	19	46	30
Cluster 1	5	2	6	6
Cluster 2	2	4	5	3
Cluster 3	3	3	8	4
Cluster 4	4	-	10	7
Cluster 5	9	8	7	6
Cluster 6	5	2	8	4
DEVELOPING	8	14	14	11
Cluster 7	4	8	4	4
Cluster 8	4	6	10	7
MISSING	15	11	12	32

Source: 1976-77 Association of American Medical Colleges Curriculum Directory (Variable numbers CRR044, CRR045, CRR046 and CRR047 in Researchable Data Base)

TABLE Cu. 3

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
NUMBER OF SCHOOLS OFFERING ELECTIVE CLERKSHIPS IN SPECIFIC AREAS, 1975-76

The schools included in this table offer one or more of the clerkships listed at the head of columns 1 through 7. Other elective clerkships offered by the schools have not been included in this table, because the number of schools that offer them is small.

SCHOOL GROUPINGS	Specialty						
	Emergency medicine	Community preventive medicine	Alcoholism	Human sexuality	Drug abuse	Nutrition	Health care delivery systems
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
ALL SCHOOLS	92	85	75	74	73	72	70
Public	52	47	39	36	37	39	36
Private	40	38	36	38	36	33	34
ESTABLISHED	69	66	55	57	57	53	53
Cluster 1	11	11	10	10	9	7	5
Cluster 2	6	6	5	4	6	4	4
Cluster 3	11	9	6	5	6	9	7
Cluster 4	13	13	11	10	13	9	13
Cluster 5	14	15	11	14	11	12	11
Cluster 6	14	12	12	14	12	12	13
DEVELOPING	23	19	20	17	16	19	17
Cluster 7	9	5	8	4	4	6	7
Cluster 8	14	14	12	13	12	13	10

Source: 1976-77 Association of American Medical Colleges curriculum Directory (Variable numbers CRR028, CRR030, CRR031, CRR032, CRR035, CRR037 and CRR040 in Researchable Data Base)

TABLE Cu.-4

NUMBER AND PERCENTAGE OF U.S. MEDICAL SCHOOLS
WITH SELECTED CURRICULUM CHARACTERISTICS, 1976-77

The information presented in this table was taken from the AAMC Curriculum Directory, 19[illegible]-78. The Directory includes detailed information on the curriculum of each of the 116 medical schools accredited, or provisionally accredited during academic year 1976-77.

CURRICULUM CHARACTERISTIC	1976-77 No. (N = 116)	1976-77 Percent (N = 116)
YEAR OF STUDENT SELECTION		
Senior in high school	9	7.8
First year of college	1	.9
Second year of college	6	5.2
Third year of college	100	86.2
Fourth year of college	107	92.2
PROGRAM DURATION		
Regular 3-year program only	5	4.3
Regular 4-year program only	66	56.9
3-year program with option for 4	9	7.8
4-year program with option for 3	18	15.5
ACCELERATED PROGRAMS		
Program leading to M.D. in 6 years after high school graduation	13	11.2
COURSE WAIVER		
Permitted in basic sciences	98	84.5
Determined by each department	91	78.4
Criteria for course waiver		
Permission of department chairmen	76	65.5
AAMC BSAT	35	30.2
Institutional exam	54	46.6
FACULTY-STUDENT ADVISEMENT		
Offered by school	85	73.3
Retention activities		
Educationally disadvantaged	73	63.9
Academic skill courses	57	49.1
Tutoring by faculty	107	92.2
Tutoring by students	83	71.5
COMBINED DEGREES WITH M.D.		
Master's	52	44.9
J.D.	5	4.3
Ph.D.	87	75.0
Advanced standing for applicant with Ph.D.	11	9.4
ELECTIVES PERMITTED IN NONUNIVERSITY SETTINGS		
Unaffiliated community hospital	94	81.0
Federal/state agency	96	82.8
City/county agency	87	75.0
M.D. private office	105	90.0
International public health	87	75.0
International clinical	88	75.9

NUMBER AND PERCENTAGE OF U.S. MEDICAL SCHOOLS WITH SELECTED CURRICULUM CHARACTERISTICS --(Continued)

CURRICULUM CHARACTERISTIC	1976-77 (N = 116) No.	Percent
ELECTIVES IN AREAS RELATED TO MEDICINE		
Alcoholism	82	70.7
Biomedical engineering	43	37.1
Community preventive medicine	91	78.4
Drug abuse	80	69.0
Emergency medicine	99	85.3
Ethical problems in medicine	69	59.5
Geriatrics	50	43.1
Health care delivery	75	64.7
History of medicine	51	44.0
Human sexuality	78	67.2
Medical hypnosis	25	21.6
Medical jurisprudence	51	44.0
Nutrition	79	68.1
Office management	12	10.3
Patient education	13	11.2
Population dynamics	31	26.7
INSTRUCTIONAL INNOVATIONS		
Self-instruction	95	81.9
Computer-assisted instruction	67	57.8
Problem-oriented record used in		
Required clerkships	87	75.0
Clinical electives	81	69.8
Ambulatory care program	112	96.6
Formal specialty tracks	25	21.6
PSRO/peer review	23	19.8
GRADING AND TESTING		
Use of NBME exam, Part I		
Required of candidate	36	31.0
Student must record score	36	31.0
Student must pass for promotion	40	34.5
Exam optional	28	24.1
To determine final course grades	15	12.9

CURRICULUM CHARACTERISTIC	1976-77 (N = 116) No.	Percent
GRADING AND TESTING --(Continued)		
Use of NBME exam, Part II		
Student must record score	44	38.0
Exam optional	30	25.9
To determine final course grades	13	11.2
Students must pass to graduate	36	31.0
Use of selected sections of NBME exam, Part I, by departments to evaluate students		
Anatomy	26	22.4
Behavioral science	19	16.4
Biochemistry	29	25.0
Microbiology	34	29.3
Pathology	39	33.6
Pharmacology	36	31.0
Physiology	32	27.6
CURRICULUM ADMINISTRATION		
Evaluation of overall curriculum		
Student test scores	96	82.7
Intern/residency performance	72	62.1
Review by schoolwide committee	92	79.3
Review by department committees	84	72.4
Students are members of committees	91	78.4
Evaluation of education program by the school		
Conducted at irregular intervals	41	35.3
Conducted regularly	71	61.2
Specific established criteria	32	27.6
Educational objectives of instruction	79	68.1
Results of regular administration of the NBME exam	59	50.9

NOTE: The University of Illinois College of Medicine is counted as one medical school but the figures include data from the Abraham Lincoln School of Medicine only.

STUDENTS

This chapter is concerned with the characteristics of students of U.S. medical schools. The data used for the study, for the most part, are provided by the schools, and therefore the report presents the institutional perspective of the subject.

This report examines the student characteristics from the standpoint of the number of students for which medical school faculties have teaching responsibility, the composition of the student body in terms of academic program participation and in terms of sex and ethnic minority distribution, the volume of applications for first year admissions received by the schools, the institutional support provided to students in the form of financial aid, and the distribution of medical school alumni by the professional activities in which they are engaged.

Medical school faculties instruct students who are candidates for the M.D. degree; students who are enrolled in programs leading to masters and doctoral degrees in the basic medical sciences; post-doctoral and clinical fellows; interns and residents in the graduate medical education phase of study; students from other health-related programs; and practicing physicians in the continuing education programs.

In the 1975-76 academic year, a total of 54,100 students were enrolled in the undergraduate medical programs of the 108 schools that are included in this report. The average number of students per school was 501. The public schools, as a group, appear to have a slightly lower average enrollment than the private institutions, because the group includes many of the developing schools, the majority of which are public, with low enrollments at this time. The group of established schools has an average enrollment of 583 students, but the mean for the six clusters in that group varies from a high of 915 for the schools in cluster 2, which includes the oldest and largest public and private institutions, to a low of 480 for the

schools in cluster 3, composed exclusively of medium sized public schools. Cluster 6, composed entirely of private medium sized schools, has an average student enrollment of 483, very close to that of cluster 3.

Undergraduate medical students, with rare exceptions, are enrolled on a full-time basis, and their number represents a measure of the full instructional load imposed upon the faculty by the undergraduate program.

The faculties of the U.S. medical schools also teach students from other health related programs, but on a less than full-time basis. In academic year 1975-76 the 102 schools included in Table St. 23 reported a total number of 89,800 individuals, enrolled in those programs, who received some instruction from the medical school faculty. The degree to which medical schools participate in the instruction of students from other health professions varies considerably from school to school and from program to program, and it is therefore difficult, if not impossible, to calculate the equivalent full-time load represented by these students in ways that are accurate and comparable among institutions. The statistics reported in Table St. 23 represent headcounts and not the equivalent of full-time students, and are presented to convey a measure of the extent to which medical schools are involved in the education on non-medical health professionals.

An important function of the medical schools is the education of candidates for masters and doctoral degrees in the basic medical sciences. From these programs come a large part of the biomedical scientists for research in the nation's laboratories and of the basic science faculty of the medical schools. Masters and doctoral students participate equally with medical students in many of the instructional programs of the medical schools. In addition, they are directly involved in biomedical research projects, to learn the methods and acquire the investigative skills for conducting scientific research. In most instances these students attend on a full-time basis and, therefore, their number is included in the full-time equivalent teaching load measure. The 97 schools included in Table St. 21 had, in academic 1975-76, a total enrollment of 11,200 masters and doctoral students, or an average of 116 students per school. The schools in cluster 6, as a group, had a much higher average, 182 per school. These schools also tend to place high emphasis on research activities.

Graduate medical education, involving the instruction and training of interns and residents, also requires the dedication of considerable institutional resources. Graduate medical education programs differ from specialty to specialty because they are tailored to the requirements of each residency specialty. For that reason, and because of the dispersion of the facilities in which the programs are conducted and of the administrative entities under which they are organized, statistics relating to interns and residents often vary depending on the source, even when concerning a similar universe and time frame. The Liaison Committee on Graduate Medical Education Directory of Accredited Residencies, 1976-77, indicates that 91% of all residency training in the U.S. takes place in the academic medical centers and their affiliated hospitals. According to 1975-76 data reported by the 105 medical schools included in Table St. 22, 36,000 interns and residents were being instructed by medical school faculties. There were, on average, 343 graduate medical students per school. The private institutions, as a group averaged 371 students, while the public schools averaged 322. The group of schools in cluster 4 had a significantly higher average, 674 students per school. The Schools in cluster 5, mostly private, have a group average of 245 students per school, significantly lower than all other clusters of the established group.

Regarding the composition of the undergraduate student body in 1975-76, for the schools included in Table St.-2, women represented 16.7 percent of all final year students, 21 percent of the students in all the undergraduate years, and 24.4 percent of the students in the first year. At the beginning of academic year 1976-77 women accounted for 25.3 percent of the first year students. These statistics provide a perspective of the progress which is being made in attracting and matriculating qualified women. The increment of 8.6 percentage points between the graduating class of 1975-76 and the entering class of 1976-77 constitutes an increase of over 50 percent in the proportion of women enrolled towards the M.D. degree. The schools in cluster 6 averaged as a group an increase of 10.2 percentage points, which is equal to a jump of about 66 percent in the proportion of women enrolled.

The proportion of students who classify themselves in one of the under-represented minorities changed appreciably between the entering class of 1975-76 and the entering class of 1976-77. The average percentage of minority students enrolled by the schools included in Table St. 3 was 9.9 percent of the students in the first year 1975-76, 8.5 percent of the students in all undergraduate years, 1975-76, and 8.5 percent of the students in the first year of 1976-77. This decline occurred in spite of the continuing vigorous efforts by U.S. medical schools to pursue affirmative action programs that seek out and facilitate the admission of qualified applicants from under-represented minorities. The AAMC Descriptive Study of Medical School Applicants, 1976-77 indicates that a contributory factor is the plateauing of the minority applicants pool.

Students who are residents of the state in which their medical schools are located account for 92 percent of all undergraduates in the group of public schools. For the group of private schools the percentage is 49.9. The disparity also shows up in the enrollment of first-year students for academic year 1975-76. Public schools first-year students were 92.8 percent state residents, whereas for the group of private schools the proportion was 51.8 percent.

The pool of applicants from which undergraduate medical students are selected numbers approximately three times the places available in U.S. medical schools.

The number of first-year places is limited by the resources that can be assembled to provide students with a quality education, such as faculty, support staff, facilities, clinical affiliations, and the funds to pay for them.

Most applicants apply to several schools, therefore the total number of applications which are received by the institutions is much greater than the number of applicants. For the 1976-77 academic year, the total number of applications per applicant averaged 8.83. Each of the 108 schools included in Table St. 4 received an average of 3,300 applications. The group of private institutions received an average of 5,100 applications per school, while the public institutions averaged 2,000. This difference between the two groups may be due to the

fact that private schools generally make less distinction than public schools between in-state and out-of-state applicants. Schools in cluster 1, all public, averaged 1,200 applications, while schools in cluster 5, mostly private, averaged 6,100 applications. Women submitted an average 24.4 percent of the applications received by each school; the average for individuals from under-represented minorities was 8.7 percent of total applications. Variations in percentage points among cluster groups were relatively minor with regard to the above characteristics.

The ratio of applications received to students enrolled in the first year - for 1976-77 - varies considerably for each cluster group: for all the schools in Table St. 4 the average was 26.2 applications per matriculant; the public schools as a group have an average of 16.4 applications per matriculant, and the private schools 39.5. These statistics, however, are more reflective of the number of applications received rather than the number of students matriculated: for instance, for 1976-77 the difference in the average of first year students admitted by each of the two groups was very small - 138 and 131, respectively - and certainly not in proportion to the difference between these two groups, in the average ratios of applications per matriculant.

The ratio of applications per matriculant differs depending on the sex and minority affiliation of the applicants: the 108 schools in Table St. 4 received an average of 27.2 applications from male applicants per male matriculant; 25.9 applications from female applicants per female matriculant; 33.7 applications from minority applicants per minority matriculant. These statistics should not be taken as measures of the success rate of applicants in relation to male-female characteristics or minority classification because they are a function not only of the number of individuals matriculated, but also of the number of applications which each individual submits. Individuals from underrepresented minorities submitted in 1976-77 an average of 10.3 applications per applicant, while the entire group of applicants averaged only 8.83 applications per individual; the minority applicants, as a group, submitted about 17 percent more applications per applicant than all applicants. The effect on the statistics of applications per matriculant by sex or minority affiliation is further magnified for the groups of schools such as those in cluster 5 and 6 which receive a much greater number of applications but have an average number of first-year places available.

The dollar amount of the tuition charged by

the schools varies from institution to institution. In some institutions tuition includes payment for items not covered by the tuition at other schools. Also, the tuition charged for first year students sometimes differs from that charged for upper-classmen. Detailed school by school information on the tuition for the entering class is provided in the AAMC publication Medical School Admission Requirements, latest edition.

Public schools, charged with the responsibility for the education of state residents, and supported by state revenues, charge out-of-state residents a higher tuition than the amount charged students who come from within the state. The overall average tuition charged by the schools included in table St. 5 for academic year 1975-76 was $2,200 per state-resident student. For the group of public schools, tuition fees for state residents averaged $1,100, while for the group of private schools it averaged $3,700. Public schools charge out-of-state residents $2,200, twice as much as the in-state tuition; for private institutions the out-of-state tuition increment was only $200. Schools in cluster 5, mostly private, averaged as a group the highest tuition fees, $4,000 and $4,100 for residents and non-residents respectively.

Institutions provide financial assistance in the form of scholarships, grants and other types of aid to needy students. In 1975-76 the aid disbursed by the schools included in table St.-5 averaged $2,400 per student receiving aid. The average was higher, $2,700 per student, for the group of private schools than for the group of public schools, for which the average was $2,100 per student. The schools were able to provide aid to 85.6 percent of the students who, among those who applied, were judged to be in need for aid. The assistance provided averaged 52.3 percent of the aid that was needed.

To close this chapter on the student characteristics of U.S. medical schools, mention should be made of the composition of their alumni body in terms of the professional activities in which they are engaged. The data in Table St. 6 are based on a 1973 survey of the American Medical Association. For the schools included, 87.2 percent of the active alumni are primarily engaged in patient care; 41.4 percent of the alumni practice in the state in which they obtained their M.D. degree. Teaching was

reported as a primary activity by only 1.8 percent of the alumni, and research by 2.2 percent. Alumni from the group of schools in cluster 6 reported the highest percent of activity in teaching and research, 2.5 and 4.2 percent, respectively, and the lowest 83.3 percent in patient care activities. The schools in that cluster are private, research oriented institutions.

TABLE St 1

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
NUMBER OF STUDENTS FOR WHOM MEDICAL SCHOOL FACULTIES HAVE TEACHING RESPONSIBILITIES, 1975-76[1]

SCHOOL GROUPINGS	Means in number of students per school			
	Undergraduate students	M.S. & Ph.D. basic science	Graduate medical students	Non-medical students
	(1)	(2)	(3)	(4)
ALL SCHOOLS	501	116	343	880
Public	495	122	322	1,132
Private	509	107	371	548
ESTABLISHED	583	130	386	974
Cluster 1	584	103	310	1,225
Cluster 2	915	169	358	1,095
Cluster 3	480	158	306	1,296
Cluster 4	660	132	674	1,206
Cluster 5	533	70	245	565
Cluster 6	483	182	451	679
DEVELOPING	256	57	211	592
Cluster 7	184	31	98	700
Cluster 8	298	64	270	532

1/For definition of teaching responsibility, see pages 38 and 39.

Source: Column (1) - Table St. 7
Column (2) - Table St. 21
Column (3) - Table St. 22
Column (4) - Table St. 23

TABLE St. 2

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
PERCENT OF UNDERGRADUATE MEDICAL STUDENTS WHO ARE FEMALE, 1975-76 & 1976-77

SCHOOL GROUPINGS	Means in percent per school			
	Final year 75-76	All under-graduate years 75-76	First year 75-76	First year 76-77
	(1)	(2)	(3)	(4)
ALL SCHOOLS	16.7	21.0	24.4	25.3
Public	15.3	19.9	23.2	24.2
Private	18.4	22.6	26.0	26.9
ESTABLISHED	15.7	20.4	24.0	24.5
Cluster 1	12.1	16.3	19.6	19.8
Cluster 2	14.3	19.2	23.0	23.7
Cluster 3	14.1	19.0	21.2	23.3
Cluster 4	18.1	22.7	27.8	26.9
Cluster 5	18.7	23.0	26.4	26.7
Cluster 6	15.2	20.6	24.4	25.4
DEVELOPING	19.6	22.8	25.5	27.8
Cluster 7	17.1	22.0	23.9	28.2
Cluster 8	21.0	23.4	26.5	27.5

Source: Column (1) - Table St. 19
Column (2) - Table St. 9
Column (3) - Table St. 15
Column (4) - Table St. 32

TABLE St. 3

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
PERCENT OF UNDERGRADUATE MEDICAL STUDENTS WHO ARE FROM MINORITY GROUPS, 1975-76 & 1976-77

SCHOOL GROUPINGS	Mean in percent per school			
	Final year 75-76	Undergraduate years 75-76	First year 75-76	First year 76-77
	(1)	(2)	(3)	(4)
ALL SCHOOLS	7.3	8.5	9.9	8.5
Public	5.9	7.4	8.6	7.0
Private	9.1	10.0	11.5	10.4
ESTABLISHED	7.4	8.6	9.8	8.5
Cluster 1	2.3	3.7	4.4	3.9
Cluster 2	6.0	7.8	9.0	8.3
Cluster 3	7.0	8.0	9.2	5.3
Cluster 4	7.6	8.6	9.1	9.9
Cluster 5	12.5	13.6	14.3	13.2
Cluster 6	6.4	8.2	10.7	8.8
DEVELOPING	7.0	8.1	10.0	8.3
Cluster 7	6.3	7.7	9.5	7.0
Cluster 8	7.4	8.3	10.3	9.1

Source: Column (1) - Table St. 20
Column (2) - Table St. 11
Column (3) - Table St. 16
Column (4) - Table St. 33

TABLE St. 4

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
APPLICATIONS AND APPLICATIONS-PER-MATRICULANT, DISTRIBUTED BY SEX AND ETHNIC GROUPS, 1976-77

SCHOOL GROUPINGS	Means per school						
	Total number of applications received	Percent of applications from females	Percent of applications from minorities	Number of applications per matr.	Number of applications male appl. per male matr.	Number of applications fem. appl. per fem. matr.	# of appl. minority appl. per minority matriculant
	(1)	(2)	(3)	(4)	(5)	(6)	(7)
ALL SCHOOLS	3,300	24.4	8.7	26.2	27.2	25.9	33.7
Public	2,000	24.1	9.3	16.4	17.2	16.1	24.2
Private	5,100	24.3	8.3	39.5	40.8	39.1	46.6
ESTABLISHED	3,700	24.6	8.8	27.1	27.9	27.1	37.4
Cluster 1	1,200	21.3	8.1	7.4	7.3	8.1	28.9
Cluster 2	3,800	24.4	9.3	18.5	18.4	19.2	21.7
Cluster 3	1,400	22.6	5.4	11.2	11.5	11.5	26.3
Cluster 4	3,800	26.6	9.5	24.3	25.1	23.0	26.4
Cluster 5	6,100	24.0	8.9	44.4	46.3	43.9	45.9
Cluster 6	5,100	23.8	7.7	44.6	45.5	45.2	63.2
DEVELOPING	2,000	24.9	8.7	23.5	25.4	22.2	22.6
Cluster 7	1,300	23.7	7.0	19.8	23.5	16.5	14.1
Cluster 8	2,300	26.4	9.6	25.6	26.5	25.6	27.7

Source: Column (1) - Table St. 24
Column (2) - Derived from Tables St. 24 and St. 25
Column (3) - Derived from Tables St. 24 and St. 26
Column (4) - Table St. 28
Column (5) - Table St. 29
Column (6) - Table St. 30
Column (7) - Table St. 31

TABLE St. 5

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
TUITION CHARGED AND FINANCIAL AID AWARDED BY THE SCHOOLS TO UNDERGRADUATE MEDICAL STUDENTS, 1975-76

SCHOOL GROUPINGS	Means per school				
	Tuition state residents	Tuition non-state residents	Financial aid per undergraduate student	Percent needing aid who received aid	Aid awarded as percent of aid needed
	(1)	(2)	(3)	(4)	(5)
ALL SCHOOLS	$2,200	$2,900	$2,400	85.6	52.3
Public	1,100	2,200	2,100	87.2	54.1
Private	3,700	3,900	2,700	83.4	49.9
ESTABLISHED	2,400	3,100	2,400	84.7	52.0
Cluster 1	1,000	2,100	1,800	81.9	49.2
Cluster 2	1,800	2,800	2,000	85.7	46.5
Cluster 3	1,100	2,200	2,200	91.6	64.4
Cluster 4	2,300	3,100	2,900	79.6	55.4
Cluster 5	4,000	4,100	2,100	84.4	41.3
Cluster 6	3,400	3,500	3,300	85.7	56.9
DEVELOPING	1,500	2,500	2,300	88.2	53.1
Cluster 7	1,400	2,300	2,000	89.4	49.5
Cluster 8	1,600	2,600	2,500	87.6	55.2

Source: Column (1) - Table St. 34
Column (2) - Table St. 35
Column (3) - Table St. 37
Column (4) - Table St. 39
Column (5) - Table St. 38

TABLE St. 6

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
ACTIVE ALUMNI DISTRIBUTED BY ACTIVITY AND BY LOCATION OF PRACTICE, 1973

SCHOOL GROUPINGS	Means per school					
	Number active alumni	Percent engaged in teaching	Percent engaged in research	Percent engaged in administration	Percent engaged in patient care	Percent practice in state of MD award
	(1)	(2)	(3)	(4)	(5)	(6)
ALL SCHOOLS	2,722	1.8	2.2	3.6	87.2	41.4
Public	2,400	1.7	1.5	2.9	88.7	41.6
Private	3,095	1.9	2.9	4.3	85.5	34.2
ESTABLISHED	3,125	1.8	2.2	3.6	86.6	40.1
Cluster 1	3,061	1.4	.9	2.7	89.5	45.5
Cluster 2	4,974	1.5	1.6	3.4	88.5	51.0
Cluster 3	1,804	1.8	1.6	2.6	86.8	39.8
Cluster 4	3,441	2.2	3.2	3.9	84.0	49.4
Cluster 5	3,159	1.4	1.4	3.7	88.2	28.0
Cluster 6	3,002	2.5	4.2	5.1	83.3	35.9
DEVELOPING	391	.7	1.2	3.1	90.9	48.7
Cluster 7	766	1.2	1.6	4.6	94.9	44.3
Cluster 8	329	.5	1.0	2.6	90.3	49.4

Source: Column (1) - Table St. 40
Column (2) - Table St. 41
Column (3) - Table St. 42
Column (4) - Table St. 43
Column (5) - Table St. 44
Column (6) - Table St. 45

TABLE St. 7

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
NUMBER OF UNDERGRADUATE MEDICAL STUDENTS, 1975-76

Private schools average slightly higher undergraduate enrollment than public schools. The developing schools as a group have smaller student bodies, particularly those in cluster 7. The high average of cluster 2 is one of the characteristics of the schools in the cluster.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN NUMBER OF STUDENTS)					NUMBER OF STUDENTS (Actual)	
		100 or Less	101-400	401-800	801-1200	1201-1400	MEAN	TOTAL (Thousands)
ALL SCHOOLS	108	-	33	67	6	2	501	54.1
Public	62	-	22	34	4	2	495	30.7
Private	46	-	11	33	2	-	509	23.4
ESTABLISHED	81	-	9	64	6	2	583	47.2
Cluster 1	13	-	-	13	-	-	584	7.6
Cluster 2	8	-	-	3	3	2	915	7.3
Cluster 3	13	-	3	10	-	-	480	6.2
Cluster 4	14	-	-	12	2	-	660	9.2
Cluster 5	18	-	3	14	1	-	533	9.6
Cluster 6	15	-	3	12	-	-	483	7.2
DEVELOPING	27	-	24	3	-	-	256	6.9
Cluster 7	10	-	10	-	-	-	184	1.8
Cluster 8	17	-	14	3	-	-	298	5.1

Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part II, 1975-76 (Variable number STR009 in Researchable Data Base)

TABLE St. 8

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
NUMBER OF UNDERGRADUATE MEDICAL STUDENTS WHO ARE FEMALE, 1975-76

The pattern in number of female students generally follows the pattern of the total undergraduate enrollment in the schools. Clusters 1 and 3, composed exclusively of older public schools, with very high state residents enrollment have the smallest number of female students. Cluster 5 includes one school with predominantly female enrollment.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN NUMBER OF STUDENTS) 0-50	51-100	101-150	151-200	201-250	251-300	NUMBER OF STUDENTS (Actual) MEAN	NUMBER OF STUDENTS (Thousands) TOTAL
ALL SCHOOLS	108	14	43	32	15	3	1	103	11.1
Public	62	10	28	15	6	3	-	96	5.9
Private	46	4	15	17	9	-	1	113	5.2
ESTABLISHED	81	4	28	31	14	3	1	117	9.5
Cluster 1	13	-	9	4	-	-	-	95	1.2
Cluster 2	8	-	-	2	4	2	-	171	1.4
Cluster 3	13	2	6	5	-	-	-	91	1.2
Cluster 4	14	-	2	4	7	1	-	148	2.1
Cluster 5	18	1	5	9	2	-	1	120	2.2
Cluster 6	15	1	6	7	1	-	-	100	1.5
DEVELOPING	27	10	15	1	1	-	-	59	1.6
Cluster 7	10	7	3	-	-	-	-	40	.4
Cluster 8	17	3	12	1	1	-	-	71	1.2

Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part II, 1975-76 (Variable number STR008 in Researchable Data Base)

TABLE St. 9

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
PERCENT OF UNDERGRADUATE MEDICAL STUDENTS WHO ARE FEMALE, 1975-76

Women students constitute at least 10 percent of the student population in all schools. Private schools have a higher ratio of women in their undergraduate student bodies. Cluster 1, composed of older public schools with very high state residents enrollment has the lowest ratio. Cluster 5 includes one school with predominantly female enrollment.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN PERCENT OF ALL UNDERGRADUATE STUDENTS)								PERCENT OF UNDERGRADUATE STUDENTS
		0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-100	MEAN
ALL SCHOOLS	108	-	54	48	4	1	-	1	-	21.0
Public	62	-	38	20	3	1	-	-	-	19.9
Private	46	-	16	28	1	-	-	1	-	22.6
ESTABLISHED	81	-	44	34	2	-	-	1	-	20.4
Cluster 1	13	-	11	2	-	-	-	-	-	16.3
Cluster 2	8	-	5	3	-	-	-	-	-	19.2
Cluster 3	13	-	8	5	-	-	-	-	-	19.0
Cluster 4	14	-	4	9	1	-	-	-	-	22.7
Cluster 5	18	-	9	7	1	-	-	1	-	23.0
Cluster 6	15	-	7	8	-	-	-	-	-	20.6
DEVELOPING	27	-	10	14	2	1	-	-	-	22.8
Cluster 7	10	-	5	4	-	1	-	-	-	22.0
Cluster 8	17	-	5	10	2	-	-	-	-	23.4

Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part II, 1975-76 (Variable number STC003 in Researchable Data Base)

TABLE St. 10

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
NUMBER OF UNDERGRADUATE MEDICAL STUDENTS FROM UNDERREPRESENTED MINORITIES, 1975-76

Private schools, on average, enroll more minority students than public schools, but Clusters 1 and 3, composed exclusively of public schools, have a considerably lower average number of minority students per school. The schools in Cluster 6, mostly private with high research emphasis and lower undergraduate enrollment, also have lower than average minority enrollment. Cluster 5 includes the two U.S. schools with large enrollment of Black Americans.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN NUMBER OF STUDENTS)						NUMBER OF STUDENTS	
		10-24	25-49	50-74	75-99	100-199	200-450	MEAN	TOTAL
ALL SCHOOLS	106	42	31	22	7	2	2	41.8	4,426
Public	60	27	14	12	5	2	-	36.3	2,180
Private	46	15	17	10	2	-	2	48.8	2,246
ESTABLISHED	80	24	28	17	7	2	3	47.9	3,835
Cluster 1	13	7	6	-	-	-	-	22.3	290
Cluster 2	8	-	3	2	2	1	-	68.1	545
Cluster 3	12	5	3	2	2	-	-	36.1	433
Cluster 4	14	2	5	3	3	1	-	55.5	777
Cluster 5	18	5	7	4	-	-	2	66.4	1,195
Cluster 6	15	5	4	6	-	-	-	39.7	595
DEVELOPING	26	18	3	5	-	-	-	22.7	591
Cluster 7	9	8	1	-	-	-	-	14.1	127
Cluster 8	17	10	2	5	-	-	-	27.3	464

Note: Two schools were omitted because of insufficient data.

Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part II, 1975-76 (Variable number STC193 in Researchable Data Base)

TABLE St. 11

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
PERCENT OF UNDERGRADUATE MEDICAL STUDENTS FROM UNDERREPRESENTED MINORITIES, 1975-76

Minority students constitute 8.5 percent of the undergraduate medical student body. Cluster 5 includes the two schools that enroll large numbers of Black Americans.

Schools in cluster 1, which is composed entirely of public schools, have a low ratio of minority students.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN PERCENT OF ALL UNDERGRADUATE STUDENTS)									PERCENT OF UNDERGRADUATE STUDENTS
		0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90-100	MEAN
ALL SCHOOLS	106	78	25	1	-	-	-	-	1	1	-	8.5
Public	60	43	16	1	-	-	-	-	-	-	-	7.4
Private	46	35	9	-	-	-	-	-	1	1	-	10.0
ESTABLISHED	80	62	15	1	-	-	-	-	1	1	-	8.6
Cluster 1	13	13	-	-	-	-	-	-	-	-	-	3.7
Cluster 2	8	5	3	-	-	-	-	-	-	-	-	7.8
Cluster 3	12	8	3	1	-	-	-	-	-	-	-	8.0
Cluster 4	14	10	4	-	-	-	-	-	-	-	-	8.6
Cluster 5	18	15	1	-	-	-	-	-	1	1	-	13.6
Cluster 6	15	11	4	-	-	-	-	-	-	-	-	8.2
DEVELOPING	26	16	10	-	-	-	-	-	-	-	-	8.1
Cluster 7	9	6	3	-	-	-	-	-	-	-	-	7.7
Cluster 8	17	10	7	-	-	-	-	-	-	-	-	8.3

Note: Two schools were omitted because of insufficient data.

Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part II, 1975-76 (Variable number STC194 in Research-[illegible] Data Base)

TABLE St. 12

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
NUMBER OF UNDERGRADUATE MEDICAL STUDENTS WHO ARE STATE RESIDENTS, 1975-76

In total, more than twice as many state residents are enrolled in public schools than private schools. The same pattern is discernible among the clusters of established schools: clusters 1, 2, and 3, which include a large proportion of public schools, have twice or more state residents than clusters 5 and 6 which are mostly private. Cluster 4 includes an equal number of private and public schools. Developing schools, although comprising mostly public institutions, enroll, on the average as a group, fewer state residents than the group of all public schools.

SCHOOL GROUPINGS	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN THOUSANDS OF STUDENTS)					NUMBER OF STUDENTS (Actual)	
	NUMBER	0-50	51-100	101-400	401-800	801-1200	MEAN	TOTAL (Thousands)
ALL SCHOOLS	105	3	9	51	37	5	363	38.1
Public	60	-	1	25	29	5	444	26.6
Private	45	3	8	26	8	-	255	11.5
ESTABLISHED	78	2	6	30	35	5	414	32.3
Cluster 1	13	-	-	1	12	-	566	7.4
Cluster 2	7	-	-	-	4	3	778	5.4
Cluster 3	13	-	-	5	8	-	438	5.7
Cluster 4	12	-	-	2	8	2	557	6.7
Cluster 5	18	2	3	12	1	-	205	3.7
Cluster 6	15	-	3	10	2	-	228	3.4
DEVELOPING	27	1	3	21	2	-	216	5.8
Cluster 7	10	-	1	9	-	-	171	1.7
Cluster 8	17	1	2	12	2	-	243	4.1

Note: Three schools were omitted because of insufficient data.

Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part II, 1975-76 (Variable number STR049 in Researchable Data Base)

TABLE St. 13

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
PERCENT OF UNDERGRADUATE MEDICAL STUDENTS WHO ARE STATE RESIDENTS, 1975-76

The majority of undergraduate medical students attend medical schools in their own state. The proportion of state residents is greater in the schools in clusters 1, 2, and 3, which are almost all public and in cluster 4, which includes 7 private schools and 7 large public schools. Clusters 5 and 6 are made up almost entirely of private schools.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN PERCENT OF ALL UNDERGRADUATE STUDENTS)										PERCENT OF UNDERGRADUATE STUDENTS
		0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90-100	MEAN
ALL SCHOOLS	105	2	6	5	5	6	6	6	6	15	48	73.9
Public	60	-	-	1	-	1	-	1	1	9	47	92.0
Private	45	2	6	4	5	5	6	5	5	6	1	49.9
ESTABLISHED	78	2	5	3	5	6	6	5	5	10	31	70.3
Cluster 1	13	-	-	-	-	-	-	-	-	2	11	96.6
Cluster 2	7	-	-	-	-	-	-	-	1	1	5	90.3
Cluster 3	13	-	-	-	-	-	-	1	-	3	9	91.3
Cluster 4	12	-	-	-	-	-	1	2	-	3	6	84.0
Cluster 5	13	2	3	1	3	3	2	1	3	-	-	39.9
Cluster 6	15	-	2	2	2	3	3	1	1	1	-	45.7
DEVELOPING	27	-	1	2	-	-	-	1	1	5	17	84.4
Cluster 7	10	-	-	-	-	-	-	-	1	2	7	93.8
Cluster 8	17	-	1	2	-	-	-	1	-	3	10	79.0

Note: Three schools were omitted because of insufficient data.

Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part II, 1975-76 (Variable number STC028 in Researchable Data Base)

TABLE St. 14

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
NUMBER OF FIRST YEAR UNDERGRADUATE MEDICAL STUDENTS, 1975-76

Public schools, on average, have slightly higher first year enrollments than the private ones. The mean for cluster 2 is considerably higher because the cluster is composed of schools with the largest student bodies.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN NUMBER OF STUDENTS) 0-50	51-100	101-150	151-200	201-250	251-300	301-350	NUMBER OF STUDENTS (Actual) MEAN	NUMBER OF STUDENTS (Thousands) TOTAL
ALL SCHOOLS	108	3	23	47	22	10	1	2	136	14.7
Public	62	2	17	22	10	8	1	2	139	8.6
Private	46	1	6	25	12	2	-	-	133	6.1
ESTABLISHED	81	-	6	40	22	10	1	2	154	12.5
Cluster 1	13	-	-	4	7	2	-	-	164	2.1
Cluster 2	8	-	-	1	1	3	1	2	240	1.9
Cluster 3	13	-	2	8	2	1	-	-	134	1.7
Cluster 4	14	-	-	6	5	3	-	-	170	2.4
Cluster 5	18	-	1	11	5	1	-	-	140	2.5
Cluster 6	15	-	3	10	2	-	-	-	121	1.8
DEVELOPING	27	3	17	7	-	-	-	-	82	2.2
Cluster 7	10	3	6	1	-	-	-	-	66	.7
Cluster 8	17	-	11	6	-	-	-	-	91	1.5

Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part II, 1975-76 (Variable number STR003 in Researchable Data Base)

TABLE St. 15

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
PERCENT OF FIRST YEAR UNDERGRADUATE MEDICAL STUDENTS WHO ARE FEMALE, 1975-76

Women represent approximately 25 percent of the first year class. Cluster 1, composed of public schools, has a significantly lower mean. Cluster 5 includes one school with predominantly female enrollment.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN PERCENT OF ALL FIRST YEAR STUDENTS)						PERCENT OF FIRST YEAR STUDENTS
		10-19	20-29	30-39	40-49	50-59	60-69	MEAN
ALL SCHOOLS	108	30	60	16	1	-	1	24.4
Public	62	22	31	8	1	-	-	23.2
Private	46	8	29	8	-	-	1	26.0
ESTABLISHED	81	22	48	10	-	-	1	24.0
Cluster 1	13	7	6	-	-	-	-	19.6
Cluster 2	8	1	6	1	-	-	-	23.0
Cluster 3	13	4	8	1	-	-	-	21.2
Cluster 4	14	3	7	4	-	-	-	27.8
Cluster 5	18	3	12	2	-	-	1	26.4
Cluster 6	15	4	9	2	-	-	-	24.4
DEVELOPING	27	8	12	6	1	-	-	25.5
Cluster 7	10	5	3	1	1	-	-	23.9
Cluster 8	17	3	9	5	-	-	-	26.5

Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part II, 1975-76 (Variable number STC001 in Researchable Data Base)

TABLE St. 16

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
PERCENT OF FIRST YEAR UNDERGRADUATE MEDICAL STUDENTS FROM UNDERREPRESENTED MINORITIES, 1975-76

Minority students comprise almost 10 percent of the medical schools' fist year class. The mean for cluster 5 is higher because this cluster includes two schools with high enrollment of Black Americans.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN PERCENT OF ALL FIRST YEAR UNDERGRADUATE STUDENTS)								PERCENT OF FIRST YEAR STUDENTS
		0-9	10-19	20-29	30-39	40-69	70-79	80-89	90-100	MEAN
ALL SCHOOLS	106	73	25	5	1	-	1	1	-	9.9
Public	60	43	13	3	1	-	-	-	-	8.6
Private	46	30	12	2	-	-	1	1	-	11.5
ESTABLISHED	80	56	18	4	-	-	1	1	-	9.8
Cluster 1	13	13	-	-	-	-	-	-	-	4.4
Cluster 2	8	4	4	-	-	-	-	-	-	9.0
Cluster 3	12	8	2	2	-	-	-	-	-	9.2
Cluster 4	14	9	5	-	-	-	-	-	-	9.1
Cluster 5	18	15	1	-	-	-	1	1	-	14.3
Cluster 6	15	7	6	2	-	-	-	-	-	10.7
DEVELOPING	26	17	7	1	1	-	-	-	-	10.0
Cluster 7	9	7	2	-	-	-	-	-	-	9.5
Cluster 8	17	10	5	1	1	-	-	-	-	10.3

Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part II, 1975-76 (Variable number STC082 in Researchable Data Base)

TABLE St. 17

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
PERCENT OF FIRST YEAR UNDERGRADUATE MEDICAL STUDENTS WHO ARE STATE RESIDENTS, 1975-76

Residents of the state comprise, on the average, over 90 percent of the first year class at public schools. Clusters 5 and 6, with a mean much lower than all others, are composed almost entirely of private schools.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN PERCENT OF ALL FIRST YEAR UNDERGRADUATE STUDENTS)										PERCENT OF FIRST YEAR STUDENTS
		0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90-100	MEAN
ALL SCHOOLS	104	3	5	5	3	5	6	5	11	13	48	75.1
Public	59	-	-	-	-	1	-	-	4	10	44	92.8
Private	45	3	5	5	3	4	6	5	7	3	4	51.8
ESTABLISHED	77	3	4	4	3	5	6	5	9	8	30	70.7
Cluster 1	13	-	-	-	-	-	-	-	-	1	12	96.4
Cluster 2	7	-	-	-	-	-	-	1	-	-	6	91.7
Cluster 3	13	-	-	-	-	-	-	-	1	4	8	91.5
Cluster 4	11	-	-	-	-	-	-	2	3	2	4	82.5
Cluster 5	18	2	2	2	2	4	2	-	4	-	-	42.6
Cluster 6	15	1	2	2	1	1	4	2	1	1	-	45.6
DEVELOPING	27	-	1	1	-	-	-	-	2	5	18	87.7
Cluster 7	10	-	-	-	-	-	-	-	-	2	8	95.4
Cluster 8	17	-	1	1	-	-	-	-	2	3	10	83.2

Note: Four schools were omitted because of insufficient data.

Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part II, 1975-76 (Variable number STC029 in Research able Data Base)

TABLE St. 18

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
NUMBER OF FINAL YEAR UNDERGRADUATE MEDICAL STUDENTS, 1975-76

Final year student enrollment averages higher for private schools than for public schools, even though totals for all the public schools are higher than for all private schools. The developing schools are still in the process of building up their enrollment. Cluster 2 is composed of schools with high student enrollment.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN NUMBER OF STUDENTS)						NUMBER OF STUDENTS (Actual)	NUMBER OF STUDENTS (Thousands)
		0-50	51-100	101-150	151-200	201-250	251-300	MEAN	TOTAL
ALL SCHOOLS	108	13	25	38	22	7	3	123	13.2
Public	62	11	14	21	8	6	2	118	7.2
Private	46	2	11	17	14	1	1	130	6.0
ESTABLISHED	81	-	13	36	22	7	3	145	11.7
Cluster 1	13	-	1	6	4	2	-	147	1.9
Cluster 2	8	-	-	1	2	3	2	211	1.7
Cluster 3	13	-	4	8	1	-	-	116	1.5
Cluster 4	14	-	-	5	7	2	-	167	2.3
Cluster 5	18	-	4	7	6	-	1	141	2.5
Cluster 6	15	-	4	9	2	-	-	116	1.7
DEVELOPING	27	13	12	2	-	-	-	55	1.4
Cluster 7	10	9	1	-	-	-	-	34	.3
Cluster 8	17	4	11	2	-	-	-	67	1.1

Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part II, 1975-76 (Variable number STR006 in Researchable Data Base)

TABLE St. 19

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
PERCENT OF FINAL YEAR UNDERGRADUATE MEDICAL STUDENTS WHO ARE FEMALE, 1975-76

Women represent almost 17 percent of the students enrolled in the final year. The mean is higher for private than for public schools, except for the developing schools which are almost all public.

Cluster 1 is made up entirely of public schools. Cluster 5 includes one school which enrolls a large proporation of women.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN PERCENT OF FINAL YEAR STUDENTS) 0-9	10-19	20-29	30-39	40-49	50-59	PERCENT OF FINAL YEAR STUDENTS MEAN
ALL SCHOOLS	107	13	64	26	3	-	1	16.7
Public	61	8	40	11	2	-	-	15.3
Private	46	5	24	15	1	-	1	18.4
ESTABLISHED	81	10	53	17	-	-	1	15.7
Cluster 1	13	2	11	-	-	-	-	12.1
Cluster 2	8	-	7	1	-	-	-	14.3
Cluster 3	13	3	7	3	-	-	-	14.1
Cluster 4	14	-	9	5	-	-	-	18.1
Cluster 5	18	3	8	6	-	-	1	18.7
Cluster 6	15	2	11	2	-	-	-	15.2
DEVELOPING	26	3	11	9	3	-	-	19.6
Cluster 7	9	2	5	-	2	-	-	17.1
Cluster 8	17	1	6	9	1	-	-	21.0

Note: One school was omitted because of insufficient data.

Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part II, 1975-76 (Variable number STC195 in Researchable Data Base)

TABLE St. 20

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
PERCENT OF FINAL YEAR UNDERGRADUATE MEDICAL STUDENTS WHO ARE FROM UNDERREPRESENTED MINORITIES, 1975-76

Minorities account for 7.3 percent of the students enrolled in the final year. On average, the proportion is higher for private schools. Cluster 1 is composed entirely of public schools.

Cluster 5 includes two schools with high numbers of Black American students.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN PERCENT OF FINAL YEAR STUDENTS)										PERCENT OF FINAL YEAR STUDENTS
		0-9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90-100	MEAN
ALL SCHOOLS	106	85	16	3	-	-	-	1	-	1	-	7.3
Public	60	47	11	2	-	-	-	-	-	-	-	5.9
Private	46	38	5	1	-	-	-	1	-	1	-	9.1
ESTABLISHED	80	67	10	1	-	-	-	1	-	1	-	7.4
Cluster 1	12	13	-	-	-	-	-	-	-	-	-	2.3
Cluster 2	8	6	2	-	-	-	-	-	-	-	-	6.0
Cluster 3	12	8	4	-	-	-	-	-	-	-	-	7.0
Cluster 4	14	11	2	1	-	-	-	-	-	-	-	7.6
Cluster 5	18	15	1	-	-	-	-	1	-	1	-	12.5
Cluster 6	15	14	1	-	-	-	-	-	-	-	-	6.4
DEVELOPING	26	18	6	2	-	-	-	-	-	-	-	7.0
Cluster 7	9	7	1	1	-	-	-	-	-	-	-	6.3
Cluster 8	17	11	5	1	-	-	-	-	-	-	-	7.4

Note: Two schools were omitted because of insufficient data.

Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part II, 1975-76 (Variable number STC196 in Researchable Data Base)

TABLE St. 21

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
NUMBER OF STUDENTS WHO ARE CANDIDATES FOR M.S. AND PH.D. DEGREES IN THE BASIC MEDICAL SCIENCES, 1975-76

The schools in clusters 2, 3 and 6 have a high average number of candidates for advanced degrees in the basic medical sciences. The schools in cluster 3 and in cluster 6 are of moderate size in terms of undergraduate enrollment, but place high emphasis on research. The schools in cluster 2 have high undergraduate enrollment.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN NUMBER OF STUDENTS) 0-50	51-100	101-200	201-300	301-400	NUMBER OF STUDENTS (Actual) MEAN	NUMBER OF STUDENTS (Thousands) TOTAL
ALL SCHOOLS	97	19	33	27	16	2	116	11.2
Public	56	11	17	16	11	1	122	6.8
Private	41	8	16	11	5	1	107	4.4
ESTABLISHED	78	11	25	24	16	2	130	10.1
Cluster 1	13	1	6	5	1	-	103	1.3
Cluster 2	8	-	3	2	3	-	169	1.3
Cluster 3	13	1	3	4	4	1	158	2.1
Cluster 4	14	2	4	5	3	-	132	1.8
Cluster 5	17	7	7	2	1	-	70	1.2
Cluster 6	13	-	2	6	4	1	182	2.4
DEVELOPING	19	8	8	3	-	-	57	1.1
Cluster 7	4	4	-	-	-	-	31	.1
Cluster 8	15	4	8	3	-	-	64	1.0

Note: Eleven schools were omitted because of insufficient data.

Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part II, 1975-76 (Variable number STR072 plus STR073 in Researchable Data Base)

TABLE St. 22

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
NUMBER OF GRADUATE MEDICAL STUDENTS (INTERNS AND RESIDENTS)
INSTRUCTED BY MEDICAL SCHOOLS' FACULTIES, 1975-76

The schools in cluster 4 include public and private institutions of medium to high undergraduate student enrollment. These schools place high emphasis on graduate medical education programs. The number of graduate medical students listed in this table were reported by the medical schools, and may be at variance with data originating from other sources.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN NUMBER OF STUDENTS) 0-99	100-199	200-299	300-399	400-499	500-599	600-699	700-799	800-899	900-999	Over 1000	NUMBER OF STUDENTS (ACTUAL) MEAN	(THOUSANDS) TOTAL
ALL SCHOOLS	105	8	15	30	24	11	8	1	2	-	4	2	343	36.0
Public	60	6	9	16	16	6	4	-	-	-	2	1	322	19.3
Private	45	2	6	14	8	5	4	1	2	-	2	1	371	16.7
ESTABLISHED	79	2	5	25	22	9	8	1	2	-	3	2	386	30.5
Cluster 1	12	-	-	6	5	-	1	-	-	-	-	-	310	3.7
Cluster 2	8	-	-	3	2	2	1	-	-	-	-	-	358	2.9
Cluster 3	13	-	1	5	6	1	-	-	-	-	-	-	306	4.0
Cluster 4	13	-	-	1	-	3	4	1	-	-	2	2	674	8.8
Cluster 5	18	2	4	7	4	-	1	-	-	-	-	-	245	4.4
Cluster 6	15	-	-	3	5	3	1	-	2	-	1	-	451	6.8
DEVELOPING	26	6	10	5	2	2	-	-	-	-	1	-	211	5.5
Cluster 7	9	5	3	1	-	-	-	-	-	-	-	-	98	.9
Cluster 8	17	1	7	4	2	2	-	-	-	-	1	-	270	4.6

Note: Three schools were omitted because of insufficient data.

Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part II, 1975-76 (Variable number STR061 in Researchable Data Base)

TABLE St. 23

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
NUMBER OF NON-MEDICAL STUDENTS FOR WHICH MEDICAL SCHOOL FACULTIES HAVE SOME TEACHING RESPONSIBILITY, 1975-76

The numbers reported in this Table refer to headcounts of students other than undergraduate medical, graduate medical and medical sciences degree candidates. There are wide variations in the extent of the involvement by medical faculties in the teaching of these students. Therefore these data are significant only to convey a feeling for the dimensions of these student bodies.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN NUMBER OF STUDENTS) 0-99	100-499	500-999	1000-1999	2000-2999	3000-3999	Over 4000	NUMBER OF STUDENTS (Actual) MEAN	NUMBER OF STUDENTS (Thousands) TOTAL
ALL SCHOOLS	102	17	30	27	18	6	1	3	880	89.8
Public	58	7	16	14	12	5	1	3	1132	65.7
Private	44	10	14	13	6	1	-	-	548	24.1
ESTABLISHED	77	7	23	23	16	5	-	3	974	75.0
Cluster 1	12	-	4	4	2	1	-	1	1225	14.7
Cluster 2	8	-	2	3	2	1	-	-	1095	8.8
Cluster 3	13	-	2	4	5	1	-	1	1296	16.9
Cluster 4	13	4	3	1	3	1	-	1	1206	15.7
Cluster 5	18	2	6	8	1	1	-	-	565	10.2
Cluster 6	13	1	6	3	3	-	-	-	679	8.8
DEVELOPING	25	10	7	4	2	1	1	-	592	14.8
Cluster 7	9	3	4	-	1	-	1	-	700	6.3
Cluster 8	16	7	3	4	1	1	-	-	532	8.5

Note: Six schools were omitted because of insufficient data.

Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part II, 1975-76 (Variable number STR071 in Researchable Data Base)

TABLE St. 24

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
NUMBER OF APPLICATIONS FOR THE FIRST YEAR UNDERGRADUATE MEDICAL CLASS, 1976-77[1]

The number of applications received by private schools is much larger than that received by the public schools. Public schools have state-oriented missions; therefore private schools are less likely to differentiate between state residents and non-residents in the selection process. The pattern is also evident in the low means for clusters 1 and 3, which are composed exclusively of public schools and the high means for clusters 5 and 6, which are almost entirely private.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN NUMBER OF APPLICATIONS)										NUMBER OF APPLICATIONS (Thousand)	
		Less than 1000	1000-1999	2000-2999	3000-3999	4000-4999	5000-5999	6000-6999	7000-7999	8000-8999	9000-10,000	MEAN	TOTAL
ALL SCHOOLS	108	18	23	13	14	15	10	7	4	2	2	3.3	356
Public	62	17	21	11	6	4	3	-	-	-	-	2.0	124
Private	46	1	2	2	8	11	7	7	4	2	2	5.1	232
ESTABLISHED	81	11	15	8	8	14	10	7	4	2	2	3.7	303
Cluster 1	13	6	6	1	-	-	-	-	-	-	-	1.2	15
Cluster 2	8	-	1	2	1	1	3	-	-	-	-	3.8	30
Cluster 3	13	5	6	1	1	-	-	-	-	-	-	1.4	19
Cluster 4	14	-	2	2	2	6	1	1	-	-	-	3.8	54
Cluster 5	18	-	-	2	-	4	3	2	3	2	2	6.1	110
Cluster 6	15	-	-	-	4	3	3	4	1	-	-	5.1	76
DEVELOPING	27	7	8	5	6	1	-	-	-	-	-	2.0	53
Cluster 7	10	4	4	1	1	-	-	-	-	-	-	1.3	13
Cluster 8	17	3	4	4	5	1	-	-	-	-	-	2.3	40

[1]Applicants generally submit applications to several schools. For 1976-77 the number of applications per applicant averaged 8.83 for 116 schools. (AAMC, Descriptive Study of Medical School Applicants, 1976-77)

Source: Student Services Applicant File Aggregate Data, 1976-77 (Variable number STR191 in Researchable Data Base)

TABLE St. 25

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
NUMBER OF APPLICATIONS FROM FEMALES FOR THE 1976-77 FIRST YEAR UNDERGRADUATE CLASS[1]

Private schools received many more applications from women than public schools. The pattern is consistent in the clusters, with the lower value means in clusters 1, 3, 7 and 8, composed almost entirely of public schools, and the higher value means in clusters 5 and 6, composed almost exclusively of private schools. Cluster 6 schools emphasize research. Cluster 5 includes one school with a high proportion of women in the student body.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN NUMBER OF APPLICATIONS) Less than 500	500-999	1000-1499	1500-1999	2000-2500	NUMBER OF APPLICATIONS (Actual) MEAN	NUMBER OF APPLICATIONS (Thousands) TOTAL
ALL SCHOOLS	108	42	26	30	6	4	806	87
Public	62	39	14	9	-	-	483	30
Private	46	3	12	21	6	4	1240	57
ESTABLISHED	81	27	17	27	6	4	909	74
Cluster 1	13	13	-	-	-	-	255	3
Cluster 2	8	1	3	4	-	-	927	7
Cluster 3	13	11	2	-	-	-	317	4
Cluster 4	14	2	3	8	1	-	1011	14
Cluster 5	18	-	3	8	3	4	1466	26
Cluster 6	15	-	6	7	2	-	1215	18
DEVELOPING	27	15	9	3	-	-	497	13
Cluster 7	10	8	2	-	-	-	308	3
Cluster 8	17	7	7	3	-	-	608	10

[1]Applicants generally submit applications to several schools. For 1976-77 the number of applications per female applicant averaged 8.8 for 116 schools. (AAMC, Descriptive Study of Medical School Applicants, 1976-77)

Source: Student Services Applicant File Aggregate Data, 1976-77 (Variable number STR189 in Researchable Data Base)

TABLE St. 26

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
NUMBER OF APPLICATIONS FROM UNDERREPRESENTED MINORITY INDIVIDUALS FOR THE 1976-77 FIRST YEAR UNDERGRADUATE CLASS[1]

Private schools received many more applications than public schools from applicants who classified themselves in a minority group. The schools in clusters 5 and 6, mostly private institutions, received, on the average, a greater number of applications than schools in cluster 1, 3, 7 and 8, which include almost entirely public schools. Cluster 6 schools emphasize research. Cluster 5 includes the two U.S. schools with high enrollment of Black Americans.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN NUMBER OF APPLICATIONS) Less than 500	500-999	1000-1499	1500-2000	NUMBER OF APPLICATIONS (Actual) MEAN	(Thousands) TOTAL
ALL SCHOOLS	108	92	15	-	1	287	31.0
Public	62	59	3	-	-	185	11.5
Private	46	33	12	-	1	425	19.5
ESTABLISHED	81	66	14	-	1	325	26.4
Cluster 1	13	13	-	-	-	97	1.3
Cluster 2	8	6	2	-	-	352	2.8
Cluster 3	13	13	-	-	-	118	1.6
Cluster 4	14	13	1	-	-	360	5.0
Cluster 5	18	10	7	-	1	545	9.8
Cluster 6	15	11	4	-	-	393	5.9
DEVELOPING	27	26	1	-	-	173	4.7
Cluster 7	10	10	-	-	-	91	.9
Cluster 8	17	16	1	-	-	221	3.8

[1]Applicants generally submit applications to several schools. For 1976-77 the number of applications per minority applicant averaged 10.3 for 116 schools.

Source: Student Services Applicant File Aggregate Data, 1976-77 (The sum of variable numbers STR194, STR195, STR198 and STR199 in Researchable Data Base)

TABLE St. 27

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
NUMBER OF FIRST YEAR UNDERGRADUATE MEDICAL STUDENTS, 1976-77

The total first year enrollment for 1976-77, reported in this Table, is slightly lower than the total first year enrollment for 1975-76 reported on Table St.-14, but the source for the data on Table St.-14 is the LCME Questionnaire, Part II, which reflects conditions at the end of the academic year, whereas the source for this Table is the Student Services Applicant File, reflecting conditions at the beginning of the academic year.

The public schools, at the beginning of academic year 1976-77 had as a group a higher average first year student enrollment than the private schools. The high mean for the schools in cluster 2 reflects one of the characteristics of that group, i.e., oldest and largest among all schools. As it should be expected the schools in cluster 7, still in the phase of development, have, as a group, the lowest average enrollment.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN NUMBER OF STUDENTS)							NUMBER OF STUDENTS (actual)	NUMBER OF STUDENTS (thousands)
		Less than 50	51-100	101-150	151-200	201-250	251-300	301-350	MEAN	TOTAL
ALL SCHOOLS	108	2	28	43	23	9	1	2	135	14.6
Public	62	2	19	18	13	7	1	2	138	8.6
Private	46	-	9	25	10	2	-	-	131	6.0
ESTABLISHED	81	-	9	37	23	9	1	2	152	12.3
Cluster 1	13	-	-	5	6	2	-	-	161	2.1
Cluster 2	8	-	-	1	1	3	1	2	232	1.9
Cluster 3	13	-	3	5	5	-	-	-	135	1.8
Cluster 4	14	-	-	6	5	3	-	-	165	2.3
Cluster 5	18	-	2	11	4	1	-	-	138	2.5
Cluster 6	15	-	4	9	2	-	-	-	119	1.8
DEVELOPING	27	2	19	6	-	-	-	-	85	2.3
Cluster 7	10	2	7	1	-	-	-	-	71	.7
Cluster 8	17	-	12	5	-	-	-	-	93	1.6

Source: Student Services Applicant File Aggregate Data, 1976-77 (Variable number STR311 in Researchable Data Base)

TABLE St. 28

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
NUMBER OF APPLICATIONS PER FIRST YEAR UNDERGRADUATE MEDICAL STUDENT, 1976-77

The ratio of applications per student matriculated is much higher, on average, for private schools than for public ones, and is affected by the number of applications received by the school rather than by the number of applicants who were admitted. Clusters 5 and 6 are predominantly private institutions.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN NUMBER OF APPLICATIONS PER STUDENT)								NUMBER OF APPLICATIONS PER STUDENT
		Less than 9	10-19	20-29	30-39	40-49	50-59	60-69	70-80	MEAN
ALL SCHOOLS	108	25	20	23	16	10	9	2	3	26.2
Public	62	24	19	10	7	-	2	-	-	16.4
Private	46	1	1	13	9	10	7	2	3	39.5
ESTABLISHED	81	19	13	17	12	8	7	2	3	27.1
Cluster 1	13	11	2	-	-	-	-	-	-	7.4
Cluster 2	8	2	2	2	2	-	-	-	-	18.5
Cluster 3	13	5	6	2	-	-	-	-	-	11.2
Cluster 4	14	1	3	6	4	-	-	-	-	24.3
Cluster 5	18	-	-	3	3	6	4	1	1	44.4
Cluster 6	15	-	-	4	3	2	3	1	2	44.6
DEVELOPING	27	6	7	6	4	2	2	-	-	23.5
Cluster 7	10	3	3	2	1	-	1	-	-	19.8
Cluster 8	17	3	4	4	3	2	1	-	-	25.6

Source: Student Services Applicant File Aggregate Data, 1976-77 (Variable number STR191 divided by STR311 in Researchable Data Base)

TABLE St. 29

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
NUMBER OF APPLICATIONS FROM MALE APPLICANTS PER MALE FIRST YEAR STUDENT, 1976-77[1]

Private schools, on average, have a higher ratio of applications to matriculants in the male group. The ratio is affected by the number of applications more than by the number of matriculants. Clusters 5 and 6 are predominantly private institutions.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN NUMBER OF APPLICATIONS PER STUDENT)									NUMBER OF APPLICATIONS PER STUDENT
		Less than 9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	MEAN
ALL SCHOOLS	108	25	18	23	16	12	7	3	3	1	27.2
Public	62	25	16	10	8	1	1	-	-	1	17.2
Private	46	-	2	13	8	11	6	3	3	-	40.8
ESTABLISHED	81	20	11	18	11	9	6	3	3	-	27.9
Cluster 1	13	11	2	-	-	-	-	-	-	-	7.3
Cluster 2	8	2	2	3	1	-	-	-	-	-	18.4
Cluster 3	13	6	5	2	-	-	-	-	-	-	11.5
Cluster 4	14	1	2	7	4	-	-	-	-	-	25.1
Cluster 5	18	-	-	3	2	7	3	1	2	-	46.3
Cluster 6	15	-	-	3	4	2	3	2	1	-	45.5
DEVELOPING	27	5	7	5	5	3	1	-	-	1	25.4
Cluster 7	10	3	2	2	2	-	-	-	-	1	23.5
Cluster 8	17	2	5	3	3	3	1	-	-	-	26.5

[1]Applicants generally submit applications to several schools. For 1976-77 the number of applications per male applicant averaged 8.8.

Source: Student Services Applicant File Aggregate Data, 1976-77 (Variable number STR188 divided by STR308 in Researchable Data Base)

TABLE St. 30

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
NUMBER OF APPLICATIONS FROM FEMALE APPLICANTS PER FEMALE FIRST YEAR STUDENT, 1976-77[1]

Private schools, on average, have a higher ratio of applications to matriculants in the female group. The ratio is affected by the number of applications more than by the number of matriculants. Clusters 5 and 6 are predominantly private institutions.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN NUMBER OF APPLICATIONS PER MATRICULANT)									NUMBER OF APPLICATIONS PER STUDENT
		Less than 9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	90-100	MEAN
ALL SCHOOLS	108	27	23	22	17	7	5	3	1	1	2	25.9
Public	62	25	19	11	4	2	-	1	-	-	-	16.1
Private	46	2	4	11	13	5	5	2	1	1	2	39.1
ESTABLISHED	81	21	13	19	13	5	4	2	1	1	2	27.1
Cluster 1	13	9	4	-	-	-	-	-	-	-	-	8.1
Cluster 2	8	2	2	3	1	-	-	-	-	-	-	19.2
Cluster 3	13	8	3	2	-	-	-	-	-	-	-	11.5
Cluster 4	14	2	3	7	2	-	-	-	-	-	-	23.0
Cluster 5	18	-	1	4	4	3	3	1	1	1	-	43.9
Cluster 6	15	-	-	3	6	2	1	1	-	-	2	45.2
DEVELOPING	27	6	10	3	4	2	1	1	-	-	-	22.2
Cluster 7	10	3	5	-	1	1	-	-	-	-	-	16.5
Cluster 8	17	3	5	3	3	1	1	1	-	-	-	25.6

[1]Applicants generally submit applications to several schools. For 1976-77 the number of applications per female applicant averaged 8.8.

Source: Student Services Applicant File Aggregate Data, 1976-77 (Variable number STR 189 divided by STR309 in Researchable Data Base)

TABLE St. 31

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
NUMBER OF APPLICATIONS FROM UNDERREPRESENTED MINORITY APPLICANTS PER UNDERREPRESENTED MINORITY FIRST YEAR STUDENT, 1976-77 [1]

Private schools, on average, have a higher ratio of applications to matriculants in the minority group. The ratio is affected by the number of applications more than by the number of matriculants. Clusters 5 and 6 are predominantly private institutions.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN NUMBER OF APPLICATIONS PER MATRICULANT)										NUMBER OF APPLICATIONS PER STUDENT
		Less than 9	10-19	20-29	30-39	40-49	50-59	60-69	70-79	80-89	over 90	MEAN
ALL SCHOOLS	108	17	31	20	13	5	9	1	2	1	9	33.7
Public	62	15	23	12	4	3	1	-	1	-	3	24.2
Private	46	2	8	8	9	2	8	1	1	1	6	46.6
ESTABLISHED	81	12	19	16	11	3	9	-	2	-	9	37.4
Cluster 1	13	4	2	4	1	-	1	-	-	-	1	28.9
Cluster 2	8	1	3	3	-	1	-	-	-	-	-	21.7
Cluster 3	13	5	4	2	-	-	-	-	1	-	1	26.3
Cluster 4	14	1	6	3	2	-	2	-	-	-	-	26.4
Cluster 5	18	1	3	2	3	-	6	-	1	-	2	45.9
Cluster 6	15	-	1	2	5	2	-	-	-	-	5	63.2
DEVELOPING	27	5	12	4	2	2	-	1	-	1	-	22.6
Cluster 7	10	3	6	-	-	1	-	-	-	-	-	14.1
Cluster 8	17	2	6	4	2	1	-	1	-	1	-	27.7

[1] Applicants generally submit applications to several schools. For 1976-77 the number of applications per minority applicant averaged 10.3.

Source: Student Services Applicant File Aggregate Data, 1976-77 (The sum of variable numbers STR194, STR195, STR198 and STR199 divided by the sum of variable numbers STR314, STR315, STR318 and STR319 in Researchable Data Base)

TABLE St. 32

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
PERCENT OF FIRST YEAR UNDERGRADUATE MEDICAL STUDENTS WHO ARE FEMALE, 1976-77

Women represent approximately 25 percent of the first year class, with private schools slightly ahead of the public schools. This pattern is reversed in the developing schools which are predominantly public. Cluster 1 is composed exclusively of public schools.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN PERCENT OF ALL UNDERGRADUATE STUDENTS)							PERCENT OF UNDERGRADUATE STUDENTS
		Less than 9	10-19	20-29	30-39	40-49	50-59	60-69	MEAN
ALL SCHOOLS	108	1	28	54	21	2	1	1	25.3
Public	62	1	18	31	9	2	1	-	24.2
Private	46	-	10	23	12	-	-	1	26.9
ESTABLISHED	81	1	21	44	14	-	-	1	24.5
Cluster 1	13	-	6	7	-	-	-	-	19.8
Cluster 2	8	-	1	6	1	-	-	-	23.7
Cluster 3	13	1	3	7	2	-	-	-	23.3
Cluster 4	14	-	2	7	5	-	-	-	26.9
Cluster 5	18	-	6	7	4	-	-	1	26.7
Cluster 6	15	-	3	10	2	-	-	-	25.4
DEVELOPING	27	-	7	10	7	2	1	-	27.8
Cluster 7	10	-	4	1	3	1	1	-	28.2
Cluster 8	8	-	3	9	4	1	-	-	27.5

Source: Student Services Applicant File Aggregate Data, 1976 (Variable number STC172 in Researchable Data Base)

TABLE St. 33

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
PERCENT OF FIRST YEAR UNDERGRADUATE MEDICAL STUDENTS FROM UNDERREPRESENTED MINORITIES, 1976-77

Minority students represent 8.5 percent of the first year class, with private schools ahead of the public schools. Cluster 5 includes two schools with high enrollments of Black Americans.

The schools in cluster 8, mostly public, are also above average in percent of minority students enrolled in the first year class.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN PERCENT OF ALL UNDERGRADUATE STUDENTS)							PERCENT OF UNDERGRADUATE STUDENTS
		Less than 9	10-19	20-29	30-49	50-59	60-69	70-79	MEAN
ALL SCHOOLS	107	75	28	2	-	1	-	1	8.5
Public	61	44	15	2	-	-	-	-	7.0
Private	46	31	13	-	-	1	-	1	10.4
ESTABLISHED	81	59	18	2	-	1	-	1	8.5
Cluster 1	13	13	-	-	-	-	-	-	3.9
Cluster 2	8	4	4	-	-	-	-	-	8.3
Cluster 3	13	11	2	-	-	-	-	-	5.3
Cluster 4	14	8	4	2	-	-	-	-	9.9
Cluster 5	18	14	2	-	-	1	-	1	13.2
Cluster 6	15	9	6	-	-	-	-	-	8.8
DEVELOPING	26	16	10	-	-	-	-	-	8.3
Cluster 7	10	6	4	-	-	-	-	-	7.0
Cluster 8	16	10	6	-	-	-	-	-	9.1

Note: One school was omitted because of insufficient data.

Source: Student Services Applicant File Aggregate Data, 1976 (Variable number STC173 in Researchable Data Base)

TABLE St. 34

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
TUITION CHARGED TO STATE RESIDENTS, 1975-76

For state residents, average tuition of $1100 at public schools was less than one-third the $3,700 average at private schools.

Almost all private schools have a uniform charge for residents and non-residents.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN THOUSANDS OF DOLLARS) Less Than .5	.5-.99	1-1.99	2-3.99	4-5.99	Over 6	THOUSANDS OF DOLLARS MEAN
ALL SCHOOLS	108	8	20	37	31	11	1	$2.2
Public	62	8	20	33	1	-	-	1.1
Private	46	-	-	4	30	11	1	3.7
ESTABLISHED	81	5	11	27	27	10	1	2.4
Cluster 1	13	-	7	6	-	-	-	1.0
Cluster 2	8	1	-	6	-	1	-	1.8
Cluster 3	13	2	3	8	-	-	-	1.1
Cluster 4	14	2	1	4	6	1	-	2.3
Cluster 5	18	-	-	2	11	4	1	4.0
Cluster 6	15	-	-	1	10	4	-	3.4
DEVELOPING	27	3	9	10	4	1	-	1.5
Cluster 7	10	1	2	6	1	-	-	1.4
Cluster 8	17	2	7	4	3	1	-	1.6

Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part II, 1975-76 (Variable number STR098 in Researchable Data Base)

TABLE St. 35

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
TUITION CHARGED TO NON-STATE RESIDENTS, 1975-76

The average non-resident tuition at public medical schools was about two-thirds the average rate charged by private schools. Only one public school had a tuition charge of more than $4,000 to students who did not reside in the same state. At twenty-seven public and only two private schools tuition was less than $2,000. Almost all private schools have a uniform charge for residents and non-residents.

		NUMBER OF SCHOOLS IN EACH RANGE					THOUSANDS OF DOLLARS
SCHOOL GROUPINGS	NUMBER	Less Than 1	1-1.99	2-3.99	4-5.99	Over 6	MEAN
ALL SCHOOLS	108	4	25	62	16	1	$2.9
Public	62	4	23	34	1	-	2.2
Private	46	-	2	28	15	1	3.9
ESTABLISHED	81	3	15	49	13	1	3.1
Cluster 1	13	1	5	7	-	-	2.1
Cluster 2	8	-	3	4	1	-	2.8
Cluster 3	13	-	6	7	-	-	2.2
Cluster 4	14	2	-	9	3	-	3.1
Cluster 5	18	-	1	11	5	1	4.1
Cluster 6	15	-	-	11	4	-	3.5
DEVELOPING	27	1	10	13	3	-	2.5
Cluster 7	10	-	6	3	1	-	2.3
Cluster 8	17	1	4	10	2	-	2.6

Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part II, 1975-76 (Variable number STR099 in Researchable Data Base)

TABLE St. 36

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
FINANCIAL AID AWARDED TO MEDICAL STUDENTS, 1975-76

Financial aid awarded to medical students totalled $52 million. The amounts awarded per medical school varied according to the number of students requiring assistance and the dollar amount needed per student. The average amount awarded by private schools was about one-fourth greater than the public school average.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN THOUSANDS OF DOLLARS)						THOUSANDS OF DOLLARS	MILLIONS OF DOLLARS
		Less Than 100	100-249	250-499	500-749	750-999	Over 1000	MEAN	TOTAL
ALL SCHOOLS	106	5	18	43	18	15	7	$491	$52.0
Public	61	4	15	24	8	8	2	421	25.7
Private	45	1	3	19	10	7	5	586	26.4
ESTABLISHED	79	-	6	37	16	14	6	564	44.5
Cluster 1	13	-	2	9	2	-	-	370	4.8
Cluster 2	8	-	-	-	5	3	-	713	5.7
Cluster 3	13	-	1	10	1	-	1	412	5.4
Cluster 4	14	-	1	4	1	6	2	815	11.4
Cluster 5	18	-	2	11	2	2	1	471	8.5
Cluster 6	13	-	-	3	5	3	2	675	8.8
DEVELOPING	27	5	12	6	2	1	1	278	7.5
Cluster 7	10	4	4	2	-	-	-	150	1.5
Cluster 8	17	1	8	4	2	1	1	353	6.0

Note: Two schools were omitted because of insufficient data.

Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part II, 1975-76 (Variable number STR097 in Researchable Data Base)

TABLE St. 37

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
FINANCIAL AID AWARDED PER MEDICAL STUDENT, 1975-76

Students at public institutions received an average of $2100 in financial aid, an average amount almost twice the average tuition charged by public institutions to state residents. At private schools, the average financial aid per student of $2700 fell considerably short of the average tuition charged by the private schools. Five out of 61 public schools and 17 out of 45 private schools provided assistance of more than $3,000 per student.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN THOUSANDS OF DOLLARS)					THOUSANDS OF DOLLARS
		Less Than 1	1-1.99	2-2.99	3-3.99	4-4.99	Over 5	MEAN
ALL SCHOOLS	106	1	43	40	15	4	3	$2.4
Public	61	-	33	23	3	1	1	2.1
Private	45	1	10	17	12	3	2	2.7
ESTABLISHED	79	1	28	32	14	3	1	2.4
Cluster 1	13	-	10	3	-	-	-	1.8
Cluster 2	8	-	4	4	-	-	-	2.0
Cluster 3	13	-	5	7	1	-	-	2.2
Cluster 4	14	-	2	6	4	1	1	2.9
Cluster 5	18	1	6	9	2	-	-	2.1
Cluster 6	13	-	1	3	7	2	-	3.3
DEVELOPING	27	-	15	8	1	1	2	2.3
Cluster 7	10	-	7	2	1	-	-	2.0
Cluster 8	17	-	8	6	-	1	2	2.5

Note: Two schools were omitted because of insufficient data.

Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part II, 1975-76 (Variable number STC073 in Researchable Data Base)

TABLE St. 38

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
FINANCIAL AID AWARDED TO MEDICAL STUDENTS AS PERCENT OF FINANCIAL AID NEEDED, 1975-76[1]

Financial assistance provided to medical students averaged about one-half the amount they needed. At one-fourth of the medical schools, however, students received more than 70 percent of the amount they required.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN PERCENT[2]) Less Than 20	20-29.9	30-39.9	40-49.9	50-59.9	60-69.9	70 79.9	80-89.9	Over 90	PERCENT MEAN
ALL SCHOOLS	106	5	14	21	16	16	6	9	9	10	52.3
Public	61	2	6	11	10	12	3	6	7	4	54.1
Private	45	3	8	10	6	4	3	3	2	6	49.9
ESTABLISHED	79	4	12	14	12	10	6	7	8	6	52.0
Cluster 1	13	1	2	1	2	4	1	1	1	-	49.2
Cluster 2	8	-	-	4	2	-	1	-	1	-	46.5
Cluster 3	13	-	1	1	2	2	1	1	4	1	64.4
Cluster 4	14	-	3	1	4	1	-	2	-	3	55.4
Cluster 5	18	3	5	3	2	-	2	1	2	-	41.3
Cluster 6	13	-	1	4	-	3	1	2	-	2	56.9
DEVELOPING	27	1	2	7	4	6	-	2	1	4	53.1
Cluster 7	10	-	-	4	2	2	-	1	-	1	49.5
Cluster 8	17	1	2	3	2	4	-	1	1	3	55.2

1/Financial aid needed, as determined by each school.
2/Unweighted composite averages of the means in percent of financial aid needed for each school.
Note: Two schools were omitted because of insufficient data.
Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part II, 1975-76 (Variable number STC079 in Researchable Data Base)

TABLE St. 39

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
MEDICAL STUDENTS RECEIVING FINANCIAL AID AS PERCENT OF THOSE NEEDING AID, 1975-76[1]

More than four out of five medical students requiring assistance received financial aid. At public schools proportionately more students requiring such assistance received help than did students enrolled in private institutions.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN PERCENT) Less Than 50	50-59.9	60-69.9	70-79.9	80-89.9	Over 90	PERCENT MEAN
ALL SCHOOLS	106	3	8	12	13	22	48	85.6
Public	61	2	3	4	7	14	31	87.2
Private	45	1	5	8	6	8	17	83.4
ESTABLISHED	79	3	7	9	9	17	34	84.7
Cluster 1	13	1	2	-	2	4	4	81.9
Cluster 2	8	-	-	-	1	5	2	85.7
Cluster 3	13	1	-	-	-	3	9	91.6
Cluster 4	14	-	1	4	4	-	5	79.6
Cluster 5	18	1	4	2	-	3	8	84.4
Cluster 6	13	-	-	3	2	2	6	85.7
DEVELOPING	27	-	1	3	4	5	14	88.2
Cluster 7	10	-	-	1	1	3	5	89.4
Cluster 8	17	-	1	2	3	2	9	87.6

1/Financial aid need as determined by each school.
Note: Two schools were omitted because of insufficient data.
Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part II, 1975-76 (Variable number STC069 in Researchable Data Base)

TABLE St. 40

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
NUMBER OF ACTIVE ALUMNI, 1973

The number of active alumni is primarily a function of the medical student class size and the age of the institution. By 1973, private medical schools, though fewer in number, had more active alumni than the public institutions. The two developing schools with large numbers of alumni are successors to earlier institutions.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN NUMBERS OF ALUMNI)									NUMBER OF ALUMNI (ACTUAL) (THOUSANDS)	
		Less Than 250	250-999	1,000-1,999	2,000-2,999	3,000-3,999	4,000-4,999	5,000-5,999	6,000-6,999	Over 7,000	MEAN	TOTAL
ALL SCHOOLS	95	13	4	14	24	19	-	9	9	3	2722	253.6
Public	51	10	4	8	11	9	-	3	4	2	2400	122.4
Private	44	3	-	6	13	10	-	6	5	1	3095	136.2
ESTABLISHED	81	1	4	13	23	19	-	9	9	3	3125	253.1
Cluster 1	13	-	1	1	5	3	-	2	1	-	3061	39.8
Cluster 2	8	-	-	-	-	2	-	2	2	2	4974	39.8
Cluster 3	13	1	3	4	3	2	-	-	-	-	1804	23.5
Cluster 4	14	-	-	4	2	2	-	2	3	1	3441	48.2
Cluster 5	18	-	-	4	5	4	-	3	2	-	3159	56.9
Cluster 6	15	-	-	-	8	6	-	-	1	-	3002	45.0
DEVELOPING	14	12	-	1	1	-	-	-	-	-	391	5.5
Cluster 7	2	1	-	1	-	-	-	-	-	-	766	1.5
Cluster 8	12	11	-	-	1	-	-	-	-	-	329	4.0

Note: Thirteen schools were omitted because of insufficient data.

Source: American Medical Association, Medical School Alumni, 1973 (Variable number STR146 minus STR153 in Researchable Data Base)

TABLE St. 41

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
PERCENT OF ACTIVE ALUMNI IN MEDICAL TEACHING, 1973

Less than 2 percent of active physicians spent the greatest part of their time in teaching in medical schools, other health professions schools, hospitals, or other educational institutions. To a lesser degree, other medical school alumni also spent some proportion of their work-week in medicine related teaching. Classification by activity is based on the activity in which the physician spends the greatest number of hours of a typical work-week, rather than a full-time equivalent determination.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN PERCENT OF ACTIVE ALUMNI)					PERCENT OF ACTIVE ALUMNI
		Less Than 1	1-1.99	2-2.99	3-3.99	Over 4	MEAN
ALL SCHOOLS	84	10	49	19	5	1	1.8
Public	42	3	30	9	-	-	1.7
Private	42	7	19	10	5	1	1.9
ESTABLISHED	80	7	48	19	5	1	1.8
Cluster 1	13	-	13	-	-	-	1.4
Cluster 2	8	-	8	-	-	-	1.5
Cluster 3	12	1	6	5	-	-	1.8
Cluster 4	14	1	6	5	1	1	2.2
Cluster 5	18	5	11	2	-	-	1.4
Cluster 6	15	-	4	7	4	-	2.5
DEVELOPING	4	3	1	-	-	-	.7
Cluster 7	1	-	1	-	-	-	1.2
Cluster 8	3	3	-	-	-	-	.5

Note: Twenty-four schools were omitted because of insufficient data.

Source: American Medical Association, Medical School Alumni, 1973 (Variable number STR146 minus STR153 divided by STR159 in Researchable Data Base)

TABLE St. 42

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
PERCENT OF ACTIVE ALUMNI IN RESEARCH, 1973

Only 2 percent of all active physicians are primarily engaged in research. This does not reflect, however, those M.D.'s who are also engaged in research activities but who do not devote the greatest proportion of their work-week hours to this activity. For established schools in clusters 4 and 6, the groups with the highest average sponsored research programs, the proportion of their alumni in research exceeds the average for all schools. Classification by activity is based on the activity in which the physician spends the greatest number of hours of a typical work-week rather than a full-time equivalent determination.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN PERCENT OF ACTIVE ALUMNI)										PERCENT OF ACTIVE ALUMNI
		Less Than 1	1.0-1.9	2.0-2.9	3.0-3.9	4.0-4.9	5.0-5.9	6.0-6.9	7.0-7.9	8.0-8.9	Over 9	MEAN
ALL SCHOOLS	84	18	39	10	6	4	2	1	2	1	1	2.2
Public	43	14	18	9	2	-	-	-	-	-	-	1.5
Private	41	4	21	1	4	4	2	1	2	1	1	2.9
ESTABLISHED	81	17	37	10	6	4	2	1	2	1	1	2.2
Cluster 1	13	10	3	-	-	-	-	-	-	-	-	.9
Cluster 2	8	2	4	2	-	-	-	-	-	-	-	1.6
Cluster 3	13	1	8	4	-	-	-	-	-	-	-	1.6
Cluster 4	14	-	6	2	2	1	1	1	-	-	1	3.2
Cluster 5	18	4	12	2	-	-	-	-	-	-	-	1.4
Cluster 6	15	-	4	-	4	3	1	-	2	1	-	4.2
DEVELOPING	3	1	2	-	-	-	-	-	-	-	-	1.2
Cluster 7	1	-	1	-	-	-	-	-	-	-	-	1.6
Cluster 8	2	1	1	-	-	-	-	-	-	-	-	1.0

Note: Twenty-four schools were omitted because of insufficient data.

Source: American Medical Association, Medical School Alumni, 1973 (Variable number STR146 minus STR153 divided by STR161 in Researchable Data Base)

TABLE St. 43

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
PERCENT OF ACTIVE ALUMNI IN ADMINISTRATION, 1973

Administrative activities occupied the greatest proportion of the work-week for almost 4 percent of the active alumni of U.S. medical schools. This includes only the administrative duties for institutions or organizations where the physician is a salaried staff member or executive. Classification by activity is based on the activity in which the physician spends the greatest number of hours of a typical work-week, rather than a full-time equivalent determination.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN PERCENT OF ACTIVE ALUMNI)								PERCENT OF ACTIVE ALUMNI
		Less Than 1	1.0-1.9	2.0-2.9	3.0-3.9	4.0-4.9	5.0-5.9	6.0-6.9	Over 7	MEAN
ALL SCHOOLS	85	4	7	15	32	15	5	2	5	3.6
Public	42	3	6	9	18	6	-	-	-	2.9
Private	43	1	1	6	14	9	5	2	5	4.3
ESTABLISHED	81	3	7	14	32	13	5	2	5	3.6
Cluster 1	13	1	2	4	5	1	-	-	-	2.7
Cluster 2	8	-	-	1	6	1	-	-	-	3.4
Cluster 3	13	2	3	1	5	2	-	-	-	2.6
Cluster 4	14	-	2	3	4	2	1	-	2	3.9
Cluster 5	18	-	-	4	9	3	2	-	-	3.7
Cluster 6	15	-	-	1	3	4	2	2	3	5.1
DEVELOPING	4	1	-	1	-	2	-	-	-	3.1
Cluster 7	1	-	-	-	-	1	-	-	-	4.6
Cluster 8	3	1	-	1	-	1	-	-	-	2.6

Note: Twenty-three schools were omitted because of insufficient data.

Source: American Medical Association, Medical School Alumni, 1973 (Variable number STR146 minus STR153 divided by STR167 in Researchable Data Base)

TABLE St. 44

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
PERCENT OF ACTIVE ALUMNI IN PATIENT CARE, 1973

Approximately nine out of ten active physicians are primarily engaged in office or hospital based patient care. This category includes interns and residents who account for almost all the alumni of developing schools. Classification by activity is based on the activity in which the physician spends the greatest number of hours of a typical work-week, rather than a full-time equivalent determination.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN PERCENT OF ACTIVE ALUMNI)						PERCENT OF ACTIVE ALUMNI
		Less Than 75	75-79.9	80-84.9	85-89.9	90-94.9	Over 95	MEAN
ALL SCHOOLS	95	1	7	15	51	17	4	87.2
Public	51	-	1	6	28	12	4	88.7
Private	44	1	6	9	23	5	-	85.5
ESTABLISHED	81	1	7	12	48	13	-	86.6
Cluster 1	13	-	-	-	6	7	-	89.5
Cluster 2	8	-	-	1	6	1	-	88.5
Cluster 3	13	-	1	1	10	1	-	86.8
Cluster 4	14	1	2	4	7	-	-	84.0
Cluster 5	18	-	-	2	13	3	-	88.2
Cluster 6	15	-	4	4	6	1	-	83.3
DEVELOPING	14	-	-	3	3	4	4	90.9
Cluster 7	2	-	-	-	1	-	1	94.9
Cluster 8	12	-	-	3	2	4	3	90.3

Note: Thirteen schools were omitted because of insufficient data.

Source: American Medical Association, Medical School Alumni, 1973 (Variable number STR146 minus STR153 divided by STR155 in Researchable Data Base)

TABLE St. 45

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
PERCENT OF ACTIVE ALUMNI PRACTICING IN THE STATE WHERE THEY RECEIVED M.D. DEGREE, 1973

About one out of two graduates of public medical schools practice in the state where they received the doctor of medicine degree. For private medical schools, the ratio is one out of three graduates.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN PERCENT OF ACTIVE ALUMNI)												PERCENT OF ACTIVE ALUMNI
		Less Than 10	10-19.9	20-29.9	30-34.9	35-39.9	40-44.9	45-49.9	50-54.9	55-59.9	60-69.9	70-79.9	Over 80	MEAN
ALL SCHOOLS	95	2	8	13	7	18	12	9	8	8	4	4	2	41.4
Public	51	-	2	2	3	10	7	7	6	6	4	3	1	47.6
Private	44	2	6	11	4	8	5	2	2	2	-	1	1	34.2
ESTABLISHED	81	2	8	11	6	15	11	9	5	7	2	4	1	40.1
Cluster 1	13	-	-	1	-	3	2	2	2	3	-	-	-	45.5
Cluster 2	8	-	-	-	-	1	2	1	2	1	-	1	-	51.0
Cluster 3	13	-	1	1	2	4	1	2	-	1	1	-	-	39.8
Cluster 4	14	-	-	1	1	1	3	3	1	1	1	2	-	49.4
Cluster 5	18	2	4	4	1	4	1	1	-	1	-	-	-	28.0
Cluster 6	15	-	3	4	2	2	2	-	-	-	-	1	1	35.9
DEVELOPING	14	-	-	2	1	3	1	-	3	1	2	-	1	48.7
Cluster 7	2	-	-	1	-	-	-	-	-	-	1	-	-	44.3
Cluster 8	12	-	-	1	1	3	1	-	3	1	1	-	1	49.4

Note: Thirteen schools were omitted because of insufficient data.

Source: American Medical Association, Medical School Alumni, 1973 (Variable number STR146 minus STR153 divided by STR167 in Researchable Data Base)

MEDICAL SCHOOL FACULTY

This section describes the characteristics of the full-time faculty of U.S. medical schools. It is limited to just those faculty determined by the schools to have full-time (salaried) appointments. Part-time (part-salaried) and voluntary (non-salaried) faculty were not included because of the highly variable definitions among the schools and because of the lack of reliable and comparable full-time equivalency standards of reporting.

Among the areas examined are: (1) total full-time faculty, (2) basic and clinical sub-aggregations of faculty, (3) average salaries of strict full-time faculty at the level of Associate Professor in the basic and clinical sub-aggregations, (4) faculty of family medicine departments. In addition, faculty biographical characteristics are presented. These include: (1) number holding M.D. degrees, (2) those who are women, (3) number at the level of Associate Professor and above, (3) number holding faculty appointments in the same school from which graduated, (4) those from under-represented minorities, and (5) those who are foreign medical graduates.

Medical school faculty often engage in a wide variety of activities including research, patient care, and the teaching of many types of health students. The extent to which a medical school is committed to these diverse programs affects the size of its full-time faculty. More than 36,800 full-time faculty were reported by 108 schools in the 1975-76 academic year. The average number of faculty was 341. The means for the established school clusters, however, ranged from 223 to 623. Moreover, the average for the private school was 405 as opposed to 293 for public institutions. Although the public mean is diminished somewhat by the presence of developing schools, most of which are public, the larger average for private institutions is attributed to the greater average enrollment of undergraduate and graduate medical students, and to higher research emphasis as indicated by the mean level of sponsored research expenditures. These

factors would also explain the disparity as to faculty size between cluster 4 and 5.

Full-time faculty identified with the basic and clinical science department have been reviewed with respect to numerical size and ratio. Those schools with high research activity, where concomitantly there is often great involvement of faculty in teaching masters and doctoral level candidates in the basic sciences, are likely to have large basic science faculties. This is substantiated by the mean for clusters 4 (126) and 6 (121) and in part for the private schools (100).

The size of the clinical departments' full-time faculty is often a reflection of the enrollment of graduate medical students, as well as the emphasis on sponsored research. This observation is confirmed by the clinical faculty mean for the private aggregation of schools (304) and by the average for cluster 4 (497).

The relationship between the size of basic and that of clincial science full-time faculties reveals that the latter predominates in the public institutions. Considering the unweighted composite average of each school's ratio of basic science clinical faculty in the public schools, there are .58 full-time faculty in the basic science departments for 1.00 faculty in the clincial departments. The comparable ratio for the private schools is .44:100. Cluster 2, composed largely of public schools, stands out with its high basic-to-clinical science ratio of .58:100. These phenomena may be explained by high student enrollment and lack of emphasis on sponsored multi-purpose and service programs. Specifically, the public schools and cluster 2 institutions share the following characteristics: (1) high enrollments of undergraduate medical students and graduate degree candidates in the basic sciences, (2) relatively low emphasis on graduate medical education, and (3) low stress on service programs as indicated in the modest amount of expenditures associated with sponsored multi-purpose and community service projects.

The very high basic science faculty ratio for the developing school clusters (average of .85) is a temporary occurrence--the prevailing recruitment pattern for new schools is to begin staffing basic science departments more rapidly than the clinical departments. Since most of the developing schools are state supported, the high value for these schools contributes to the high public school mean ratio of .58.

In order to examine faculty salary variability among the medical schools, salary data for 1976-77 are displayed for the rank of Associate Professor in the basic science departments and in the clinical departments. Additionally, these data are limited to just strict full-time faculty (SFT), identified as such by the schools in the AAMC's annual salary survey. SFT faculty are defined as those who receive their entire professional income as a fixed annual amount from funds controlled by the medical school or its parent institution, who devote their full time to the programs of the school, and whose professional activities are under its direct auspices. The faculty classified as SFT--rather than GFT (Geographic Full-time)--was analyzed because the latter type, which is permitted to supplement fixed institutional salaries with earnings from patient service, do not always represent fully reported compensation. The mean statistics for the basic science departments are aggregations of salary averages for 106 schools; for the clinical departments they are aggregations of means for 75 schools. It should also be noted that in the latter instance only faculty with M.D. degrees are included in the calculations.

The average salary paid to SFT Associate Professors in private medical schools' basic science departments is about three percent higher than in the public schools. This may be a result of the fact that proportionally there are more private medical schools in the Northeast, where salaries for basic science faculty are somewhat above other regions. On average, the salary paid to SFT basic science faculty at the rank of Associate Professor in developing schools is significantly (3.8 percent) above that for the aggregation of established schools.

There is considerable deviation among the clusters showing basic science salary averages, with a high of $27,737 (cluster 6) versus a low of $24,388 (cluster 5)--a 13.7 percent differential. The following circumstances may in part explain the difference: (1) many of the schools in cluster 6 are private, prestigious institutions in the Northeast with a strong research emphasis as measured by sponsored research revenue; (2) the basic science faculty associated with cluster 6 schools are heavily involved with the teaching of M.S. and Ph.D. degree candidates. The cluster 5 institutions, although almost all private, in general represent the antithesis of these two observations.

With the clinical departments there is greater disparity in M.D. Associate Professors' salary among

the public and private institution groupings and among the clusters than with the basic science departments. The average clinical salary for private medical schools is more than ten percent higher than for public schools. Moreover, the cluster 2 mean of $44,305 is nineteen percent greater than the cluster 3 average of $37,224. A partial explanation for the low cluster 3 mean is the fact that the majority of the schools in this group are located in smaller metropolitan or rural areas which tend to have lower pay scales. As with the basic science departments of developing schools, the clinical departments of the evolving institutions pay their Associate Professors, on average, well above (about 6 percent) their counterparts in established medical schools.

There have been increasing pressures nationally and regionally to increase the supply of primary care physicians. It has been felt by many that one way to accomplish this objective is to mandate, or provide economic incentives for, the establishment of departments of family medicine in the nation's medical schools. The degree to which a medical school devotes resources to this discipline can be seen in the number of full-time faculty identified with a department of family medicine. Sixty-seven medical schools -- 51 public and 16 private -- identified full-time faculty in a family medicine department. It should not be presumed that schools that have not yet organized programs in family medicine as departmental entities do not treat the subject as part of the general curriculum, as evidenced by the frequency of offering of family medicine as a required clerkship.[1]

There is a greater proportion of public schools with such departments (82 percent) compared to private institutions (36 percent). Although many more public schools have departments of family medicine than private schools, the size of the average full-time faculty in those departments is not significantly different. Public schools with such entities employ 7.8 full-time academicians as compared to 6.5 for private institutions. However, as to percentage of total full-time faculty in departments of family medicine, there is greater

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1/Required clerkships are those that are mandatory to all students enrolled in the school's M.D. program. For details on which schools include family medicine as a required clerkship in the curriculum, see the AAMC Curriculum Directory.

disparity between public and private schools -- 2.2 percent in state schools versus .6 percent in private institutions. The emphasis on family medicine is particularly apparent in the developing schools where in aggregate 3 percent of full-time faculty are identified with such departments compared with one percent for all established schools. Of the established institutions, those included in cluster 1 have the largest number of full-time faculty (mean of 8.9) and the greatest proportion of such staff to total (2.4 percent). Cluster 1 schools are all public. Those institutions associated with cluster 6, which are predominantly private, have the lowest proportion of family medicine faculty to total full-time faculty (.5 percent).

The average numerical strength of the full-time physician faculty is nearly forty percent greater in private than public medical schools. This predominance is also reflected in the percent of total full-time faculty holding M.D. degrees. Over 66 percent of such staff in private schools are M.D.'s; nearly 59 percent hold that degree in the public institutions. As to both numerical strength and proportion of full-time faculty with M.D. degrees, cluster 4 and 6 reflect medical schools with high M.D. counts. This phenomenon for private schools in general and for these two clusters in particular appears to be attributable to greater emphasis on graduate medical education as highlighted in the number of housestaff taught by medical school faculty and in the number and diversity of clinical clerkships. It also correlates with the level of funds supporting community service programs in the medical schools. The relatively low counts and proportions of faculty in the developing institutions reflects the fact that in their evolution there is a more intense recruitment effort at the outset for basic science faculty who usually do not have the M.D. degree.

Since the private medical schools have on average larger full-time academic staffs than public schools, as expected, private institutions have on average more women faculty members. Also the proportion of full-time women faculty in the private schools is larger -- 15.2 percent compared with 13.9 percent. Although the average percentage of women to total full-time faculty is fairly close across the established clusters, the developing schools seem to be slow in attracting women to their academic staff. The opposite is true, however, with the percent of undergraduate medical students who are female (27.8 percent -- developing

schools; 24.6 percent -- established schools).

The extent to which a medical school's full-time faculty are at the rank of associate professor and above can be regarded as a rough indicator of the degree to which faculty is tenured and at the same time provides some evidence of the seniority (age) of that faculty. The average number of faculty who are associate professors and above is 163 for all schools; the proportion of this group to total full-time faculty is 50.3 percent. Public medical schools tend to have a percentage of their faculty at the rank of associate professor and above significantly greater than private institutions (53.2 percent versus 46.3 percent). The high figure for cluster 2 (55.2 percent) is striking, and appears to be attributable to a single institution's average of 78.6 percent and its effect on the small eight-school cluster. The somewhat higher average for the developing school clusters collectively (52.5 percent) over the aggregate mean for the established schools (49.5) percent) could result from recruitment patterns where the newer institutions hire the more senior faculty first as the departments are built up.

Private schools exceed public institutions only moderately in the percentage of their full-time faculty who are alumni of the same school -- 14.6 percent versus 12.8 percent if schools with zero values are discounted. There is considerable disparity, however, among the clusters of established institutions. Cluster 1 schools show the greatest number of graduates who are faculty members at the same institution awarding them the M.D. degree -- 17.9 percent; cluster 3 institutions, the lowest -- 11.9 percent.

The statistics concerning full-time medical school faculty who are from under-represented minorities are noticeably distorted for cluster 5 because of the presence of two schools which are predominantly staffed by faculty from such minority groups. Were the two institutions eliminated from the mean calculations (where zero values are discounted), clusters 2 and 4, each showing 2.2 percent, would become the high value clusters. The prevalence in these groupings of schools located in large metropolitan areas where under-represented minorities are concentrated might explain the relatively high percentages. The same would be true of the private school aggregation as opposed to the public schools collectively.

Three groups of medical schools -- cluster 4 with half public and half private schools, and clusters 5 and 6, predominantly private schools -- stand out in the number of full-time faculty who are foreign medical graduates. Similarly, the schools in these groupings have the highest percentage of foreign medical graduates in their full-time faculty. These phenomena may be attributed to: (1) the large total full-time academic staffs at the represented institutions, and (2) the presence in both groups of medical schools located in large metropolitan areas, especially in the Northeast, where there are sizable concentrations of foreign medical graduates. More than 60% of these faculty members are graduates of medical schools in English speaking and in Western European countries.

TABLE Fac. 1

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY TOTAL FULL-TIME FACULTY, BASIC AND CLINICAL SCIENCE FACULTY, STRICT FULL-TIME SALARY PAID TO BASIC AND CLINICAL SCIENCE FACULTY,[1] AND NUMBER OF FACULTY IN DEPARTMENTS OF FAMILY MEDICINE, 1975-76

SCHOOL GROUPINGS	Total number full-time faculty	Full-time faculty - means per school							
		Total	Number in basic sci. depts.	SFT salary basic sci. ass'c. profs	SFT salary clin. sci. ass'c. profs	Number in clin. sci. depts.	Ratio basic/clin. sci. fac.	Number in depts. of family med.	% of fam. med. fac. of total
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)
ALL SCHOOLS	36,807	341	93	$26,051	$42,720	248	.52	7.5	1.4
Public	18,192	293	87	25,725	40,737	206	.57	7.8	2.2
Private	18,615	405	100	26,495	44,986	304	.44	6.5	.6
ESTABLISHED	32,067	396	102	25,814	42,101	294	.40	7.3	1.1
Cluster 1	4,086	314	96	24,645	38,669	219	.44	8.9	2.4
Cluster 2	2,829	354	119	26,271	44,305	235	.58	5.4	1.3
Cluster 3	4,702	362	99	24,850	37,224	262	.39	6.9	1.8
Cluster 4	8,752	623	126	27,671	43,398	497	.28	7.1	.6
Cluster 5	4,013	223	66	24,388	43,655	157	.48	7.4	1.3
Cluster 6	7,715	514	121	27,737	44,031	393	.32	7.2	.5
DEVELOPING	4,740	176	65	26,794	44,680	111	.85	7.9	3.0
Cluster 7	1,200	120	55	27,443	51,737	65	1.05	9.3	4.7
Cluster 8	3,540	208	71	26,469	42,663	137	.74	7.3	2.5

[1]1976-77 data

Source: Column (1) - Table Fac. 3
Column (2) - Table Fac. 3
Column (3) - Table Fac. 4
Column (4) - Table Fac. 7
Column (5) - Table Fac. 8
Column (6) - Table Fac. 5
Column (7) - Table Fac. 6
Column (8) - Table Fac. 9
Column (9) - Table Fac. 9 (total) divided by Table Fac. 3 (total)

TABLE Fac. 2

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY FULL-TIME FACULTY, 1976-77[1]

SCHOOL GROUPINGS	Number with M.D. degree		Number who are women		Number assoc. prof. & above[1]		Number alumni of same school		Number from under-represented min.		Number who are foreign med. school graduates	
	School mean	% of tot. faculty	School mean	% of tot. faculty	School mean	% of tot. faculty	School mean	% of tot. faculty	School mean	% of tot. faculty	School mean	% of tot. faculty
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
ALL SCHOOLS	212	62.1	50	14.5	163	50.3	41	13.0	7	2.9	51	23.4
Public	181	58.8	44	13.9	151	53.2	36	12.8	5	1.2	40	19.6
Private	253	66.2	57	15.2	179	46.3	47	13.3	10	4.3	66	27.9
ESTABLISHED	246	63.6	59	15.4	189	49.5	54	14.2	9	3.1	58	23.2
Cluster 1	196	58.0	57	16.8	158	50.6	61	17.9	5	1.4	38	21.5
Cluster 2	211	59.5	65	16.5	187	55.2	50	14.0	8	2.2	70	24.0
Cluster 3	213	59.8	51	14.3	184	51.2	41	11.9	4	1.1	43	14.6
Cluster 4	392	67.9	84	15.0	279	47.0	77	12.6	11	2.2	102	31.0
Cluster 5	142	65.5	33	15.8	107	49.8	31	14.9	15	8.7	35	26.5
Cluster 6	322	67.2	70	14.3	236	46.0	67	14.0	7	1.3	70	21.5
DEVELOPING	110	57.3	22	11.8	85	52.5	1.0	1.6	3	2.1	30	24.9
Cluster 7	80	55.1	14	10.6	61	53.7	-	1.0	2	2.0	22	38.2
Cluster 8	126	58.5	27	12.4	99	51.8	1.0	1.7	3	2.1	34	22.0

[1]Data pertaining to professional rank, 1975-76.

Source: Column (1) - Table Fac. 10
Column (2) - Table Fac. 11
Column (3) - Table Fac. 12
Column (4) - Table Fac. 13
Column (5) - Table Fac. 14
Column (6) - Table Fac. 15
Column (7) - Table Fac. 16
Column (8) - Table Fac. 17
Column (9) - Table Fac. 18
Column (10) - Table Fac. 19
Column (11) - Table Fac. 20
Column (12) - Faculty Roster System (Variable number FAR031 in Researchable Data Base)

TABLE Fac. 3

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
TOTAL NUMBER OF FULL-TIME FACULTY, 1975-76

The mean number of full-time faculty at private U.S. medical schools is more than a third greater than for public institutions -- 405 versus 293. Ten of the private schools have full-time faculty numbering over 600: two of these exceed 1000. The contrast in faculty size between cluster 4 (623) and cluster 5 (223) schools is explained at least in part by the following factors for cluster 4 institutions: (1) a high enrollment of undergraduate and graduate medical students; and (2) a high level of sponsored research support which attracts faculty. Conversely, cluster 5 schools: (1) place a low emphasis on research; and (2) although maintaining average undergraduate enrollments, have very low numbers of graduate medical students and candidates for M.S. and Ph.D. degrees in the basic medical sciences.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN NUMBER OF FACULTY) Less Than 150	151-300	301-450	451-600	OVER 600	NUMBER OF FACULTY MEAN	NUMBER OF FACULTY TOTAL
ALL SCHOOLS	108	19	36	27	14	12	341	36,807
Public	62	14	20	18	8	2	293	18,192
Private	46	5	16	9	6	10	405	18,615
ESTABLISHED	81	3	27	26	14	11	396	32,067
Cluster 1	13	-	7	6	-	-	314	4,086
Cluster 2	8	-	2	5	1	-	354	2,829
Cluster 3	13	-	4	5	4	-	362	4,702
Cluster 4	14	-	1	3	3	7	623	8,722
Cluster 5	18	3	13	2	-	-	223	4,013
Cluster 6	15	-	-	5	6	4	514	7,715
DEVELOPING	27	16	9	1	-	1	176	4,740
Cluster 7	10	8	2	-	-	-	120	1,200
Cluster 8	17	8	7	1	-	1	208	3,540

Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part II, 1975-76 (Variable number FAR019 in Researchable Data Base).

TABLE Fac. 4

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
NUMBER OF FULL-TIME BASIC SCIENCE FACULTY, 1975-76

The average number of the full-time basic science faculty at private medical schools is considerably above that for public schools -- 100 versus 87 -- with eight private institutions falling within the range of 151-200. Moreover, cluster 4 with a mean of 126 far overshadows the cluster 5 mean of 66. Among factors that contribute to this are: (1) The private schools, as well as those in cluster 4, have larger undergraduate medical student bodies. (2) Research emphasis is greater among private schools than public ones, and hence requires a higher level of faculty manpower; cluster 4 represents schools with a high degree of sponsored research support, while cluster 5 institutions reflect a low amount of such support.

SCHOOL GROUPINGS	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN NUMBER OF FACULTY)					NUMBER OF FACULTY	
	NUMBER	Less Than 50	51-100	101-150	151-200	MEAN	TOTAL
ALL SCHOOLS	108	14	54	29	11	93	10,007
Public	62	11	30	18	3	87	5,394
Private	46	3	24	11	8	100	4,613
ESTABLISHED	81	3	42	26	10	102	8,253
Cluster 1	13	-	8	4	1	96	1,243
Cluster 2	8	-	3	3	2	119	949
Cluster 3	13	-	7	6	-	99	1,291
Cluster 4	14	-	4	6	4	126	1,764
Cluster 5	18	3	14	1	-	66	1,192
Cluster 6	15	-	6	6	3	121	1,814
DEVELOPING	27	11	12	3	1	65	1,754
Cluster 7	10	5	4	1	-	55	550
Cluster 8	17	6	8	2	1	71	1,204

Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part II, 1975-76 (Variable number FAR005 in Researchable Data Base).

TABLE Fac. 5

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
NUMBER OF FULL-TIME CLINICAL SCIENCE FACULTY, 1975-76

The mean number of full-time clinical science faculty is nearly 50% greater in the private medical schools over public institutions -- 304 versus 206. Fourteen of the 46 private schools have a clinical faculty size over 400. Cluster 4 with its average of 497 far exceeds cluster 5 with its mean of 157 clinical faculty.

Among factors that contribute to the greater means for the private schools and for those in cluster 4 are the greater enrollment of undergraduate and graduate medical students in those groupings. Also, research emphasis, as indicated in expenditures devoted to sponsored research, is greater in the private and in the cluster 4 institutions.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN NUMBER OF FACULTY)						NUMBER OF FACULTY	
		Less Than 100	101-200	201-300	301-400	401-500	Over 500	MEAN	TOTAL
ALL SCHOOLS	108	21	31	25	11	13	7	248	26,800
Public	62	15	19	18	4	5	1	206	12,798
Private	46	6	12	7	7	8	6	304	14,002
ESTABLISHED	81	5	21	25	11	13	6	294	23,814
Cluster 1	13	-	6	7	-	-	-	219	2,843
Cluster 2	8	1	1	4	2	-	-	235	1,880
Cluster 3	13	-	4	5	3	1	-	262	3,411
Cluster 4	14	-	1	2	2	4	5	497	6,958
Cluster 5	18	4	9	4	1	-	-	157	2,821
Cluster 6	15	-	-	3	3	8	1	393	5,901
DEVELOPING	27	16	10	-	-	-	1	111	2,986
Cluster 7	10	9	1	-	-	-	-	65	650
Cluster 8	17	7	9	-	-	-	1	137	2,336

Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part II, 1975-76 (Variable number FAR012 in Researchable Data Base).

TABLE Fac. G

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
RATIO OF FULL-TIME BASIC SCIENCE FACULTY TO FULL-TIME CLINICAL SCIENCE FACULTY, 1975-76

The average for public medical schools is significantly higher than for private institutions. Of the established schools, cluster 2 has the greatest proportional concentration of basic science faculty, cluster 4 the least. Cluster 2 institutions are characterized by high enrollment of undergraduate medical students and of candidates for degrees in the basic medical sciences; they place relatively low emphasis on graduate medical education; have relatively lower expenditures for sponsored multi-purpose and service programs. Cluster 4 schools, and to some extent private institutions, strongly emphasize graduate medical education and service programs. With respect to the very high ratios for the two developing school clusters: (1) Both groupings contain one or more schools which have recently evolved into M.D. degree-granting institutions; (2) The prevailing recruitment pattern for new schools is to concentrate at the outset on basic science faculty.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN RATIOS)									
		Less Than .20	.21-.30	.31-.40	.41-.50	.51-.60	.61-.80	.81-1.0	1.1-1.5	OVER 1.5	MEAN[1]
ALL SCHOOLS	108	4	18	26	22	18	9	2	6	3	.52
Public	62	2	6	14	15	11	4	2	6	2	.57
Private	46	2	12	12	7	7	5	-	-	1	.44
ESTABLISHED	81	4	17	24	19	11	5	-	1	-	.40
Cluster 1	13	-	1	3	6	2	1	-	-	-	.44
Cluster 2	8	-	-	1	3	3	-	-	1	-	.58
Cluster 3	13	-	2	6	4	1	-	-	-	-	.39
Cluster 4	14	3	5	4	2	-	-	-	-	-	.28
Cluster 5	18	-	3	4	3	4	4	-	-	-	.48
Cluster 6	15	1	6	6	1	1	-	-	-	-	.32
DEVELOPING	27	-	1	2	3	7	4	2	5	3	.85
Cluster 7	10	-	-	-	1	2	1	1	4	1	1.05
Cluster 8	17	-	1	2	2	5	3	1	1	2	.74

[1]Unweighted composite averages of the ratio for each school.

Source: Liaison Committee on Medical Education Annual Medical Schools Questionnaire, Part II, 1975-76 (Variable number FAR005 divided by FAR012 in Researchable Data Base).

TABLE Fac. 7

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
AVERAGE SALARY PAID TO STRICT FULL-TIME ASSOCIATE PROFESSORS
IN BASIC SCIENCE DEPARTMENTS, 1976-77

The salary paid to strict full-time associate professors in basic science departments is on average slightly higher for private medical schools than for public ones ($26,495 in contrast with $25,725). There is a considerable spread of the means among the clusters. Cluster 6 institutions, for example, pay their associate professors in the basic science departments an average well above the schools in cluster 5 ($27,737 versus $24,388). The following set of circumstances may help to explain the difference: (1) cluster 6 is almost totally comprised of private schools, which tend to pay higher salaries; (2) many in this group are prestigious institutions with a strong research emphasis as measured by sponsored research revenue; (3) the basic science faculty at cluster 6 schools are heavily involved with the teaching of M.S. and Ph.D. degree candidates; (4) cluster 5 schools place a low emphasis on research; (5) the institutions in cluster 5 on average have the smallest number of M.S. and Ph.D. degree candidates for which the faculty have teaching responsibilities compared with the other clusters.

NUMBER OF SCHOOLS IN EACH RANGE
(RANGE IN THOUSANDS OF DOLLARS)

SCHOOL GROUPINGS	NUMBER	Under 23.5	23.5-24.9	25-26.9	27-28.4	28.5-30	Over 30	MEAN
ALL SCHOOLS	99	23	18	26	14	7	11	26,051
Public	57	13	11	18	6	5	4	25,725
Private	42	10	7	8	8	2	7	26,495
ESTABLISHED	75	18	13	21	12	5	6	25,814
Cluster 1	13	4	4	4	1	-	-	24,645
Cluster 2	6	2	-	1	2	-	1	26,271
Cluster 3	13	4	2	6	-	1	-	24,850
Cluster 4	12	-	-	5	3	2	2	27,671
Cluster 5	17	8	5	1	2	-	1	24,388
Cluster 6	14	-	2	4	4	?	2	27,737
DEVELOPING	24	5	5	5	2	2	5	26,794
Cluster 7	8	2	2	-	-	1	3	27,443
Cluster 8	16	3	3	5	2	1	2	26,469

Note: Nine schools were omitted because of insufficient data.

Source: Association of American Medical Colleges Report on Medical School Faculty Salaries, 1976-77 (Variable number FAR053 in Researchable Data Base).

TABLE Fac. 8

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
AVERAGE SALARY PAID TO STRICT FULL-TIME ASSOCIATE PROFESSORS
WITH AN M.D. DEGREE IN CLINICAL SCIENCE DEPARTMENTS, 1976-77

The average strict full-time salary of an associate professor holding an M.D. degree in the clinical science departments of a private medical school is ten percent greater than at public institutions ($44,986 versus $40,737, respectively). There are five private schools whose average exceeds $51,000--all located in large, high-cost metropolitan areas. The mean associated with developing institutions is significantly above that for the established schools ($44,680 as opposed to $42,101); the former figure, however, is affected by one school whose average far exceeds the $51,000 level. The high-average cluster 2 ($44,305) contrasts strikingly with the low-average cluster 3 ($37,224). These differences may be the result of data limitations, i.e., only five schools are represented in cluster 2. One possible explanation for the low average of cluster 3 is that the majority of the schools in that group are located in small metropolitan or rural areas.

NUMBER OF SCHOOLS IN EACH RANGE
(RANGE IN THOUSANDS OF DOLLARS)

SCHOOL GROUPINGS	NUMBER	Under 39	39-41.9	42-44.9	45-47.9	48-51	Over 51	MEAN
ALL SCHOOLS	75	19	14	16	13	7	6	42,720
Public	40	13	9	8	6	3	1	40,737
Private	35	6	5	8	7	4	5	44,986
ESTABLISHED	57	14	13	12	10	4	4	42,101
Cluster 1	6	2	2	2	-	-	-	38,669
Cluster 2	5	-	1	2	2	-	-	44,305
Cluster 3	10	5	3	1	1	-	-	37,224
Cluster 4	11	3	2	1	2	1	2	43,398
Cluster 5	11	2	2	1	4	1	1	43,655
Cluster 6	14	2	3	5	1	2	1	44,031
DEVELOPING	18	5	1	4	3	3	2	44,680
Cluster 7	4	-	1	-	1	1	1	51,737
Cluster 8	14	5	-	4	2	2	1	42,663

Note: Thirty-three schools were omitted either because of insufficient data or because they do not have strict full-time faculty in their clinical departments.

Source: Association of American Medical Colleges Report on Medical School Faculty Salaries, 1976-77 (Variable number FAR054 in Researchable Data Base).

TABLE Fac. 9

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
NUMBER OF FULL-TIME FACULTY IN DEPARTMENTS OF FAMILY MEDICINE, 1975-76

When zero values are discounted, the size of the average full-time faculty in departments of family medicine is not significantly different between public and private medical schools (7.8 for the former and 6.5 for the latter). The two situations become more disparate, though, when one considers them in relation to total full-time faculty, the public schools have a much larger proportion situated in departments of family medicine than do private schools (2.2% versus .6%). Similarly for the clusters, average numbers of faculty are deceiving in that they do not indicate the degree of emphasis on family medicine as depicted by a relative size of a discrete department. For example, whereas the developing school aggregation (clusters 7 and 8) shows an average faculty count (7.9) modestly larger than the established school clusters (7.3), this does not reflect relative proportions. Developing institutions in fact have faculties of which 3.0 percent are in departments of family medicine, whereas the comparable figure for the established schools is 1.1 percent.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN NUMBER OF FACULTY)						NUMBER OF FACULTY		
		0	1-5	6-10	11-15	16-20	Over 20	Mean excluding zero range	Mean including zero range	TOTAL
ALL SCHOOLS	106	39	27	30	5	3	2	7.5	4.7	500
Public	62	11	20	23	4	2	2	7.8	6.4	396
Private	44	28	7	7	1	1	-	6.5	2.4	104
ESTABLISHED	80	31	21	23	1	2	2	7.3	4.5	357
Cluster 1	13	2	3	6	1	-	1	8.9	7.5	98
Cluster 2	8	1	3	4	-	-	-	5.4	4.8	38
Cluster 3	13	1	6	5	-	1	-	6.9	6.4	83
Cluster 4	14	7	5	1	-	-	1	7.1	3.6	50
Cluster 5	17	10	3	3	-	1	-	7.4	3.1	52
Cluster 6	15	10	1	4	-	-	-	7.2	2.4	36
DEVELOPING	26	8	6	7	4	1	-	7.9	5.5	143
Cluster 7	10	4	1	3	1	1	-	9.3	5.6	56
Cluster 8	16	4	5	4	3	-	-	7.3	5.4	87

Note: Two schools were omitted because of insufficient data.

Source: Association of American Medical Colleges Report on Medical School Faculty Salaries, 1976-77. (The sum of variable numbers FAR025, FAR026, FAR027, and FAR028 in Researchable Data Base).

TABLE Fac. 10

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
NUMBER OF FULL-TIME FACULTY WITH M.D. DEGREE, 1976-77

Private medical schools have considerably more full-time faculty with M.D. degrees on average than public schools (253 versus 181). Similarly, of the established schools, institutions in clusters 4 and 6 are staffed with larger numbers of M.D. faculty than the other groupings (392 and 322, respectively). Both these phenomena are attributable to larger total faculties in those categories.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN NUMBER OF FACULTY)									NUMBER OF FACULTY	
		10-50	51-100	101-150	151-200	201-250	251-300	301-350	351-400	OVER 400	MEAN	TOTAL
ALL SCHOOLS	106	7	14	20	16	18	12	6	5	8	212	22,514
Public	60	7	5	12	12	12	6	2	1	3	181	10,861
Private	46	-	9	8	4	6	6	4	4	5	253	11,653
ESTABLISHED	80	-	5	14	14	18	11	6	5	7	246	19,660
Cluster 1	12	-	-	3	6	1	1	-	-	1	196	2,352
Cluster 2	8	-	-	2	2	1	3	-	-	-	211	1,684
Cluster 3	13	-	-	2	2	6	2	1	-	-	213	2,762
Cluster 4	14	-	-	-	-	5	1	3	1	4	392	5,486
Cluster 5	18	-	5	7	4	1	1	-	-	-	142	2,551
Cluster 6	15	-	-	-	-	4	3	2	4	2	322	4,825
DEVELOPING	26	7	9	6	2	-	1	-	-	1	110	2,854
Cluster 7	9	5	2	1	-	-	1	-	-	-	80	719
Cluster 8	17	2	7	5	2	-	-	-	-	1	126	2,135

Note: Two schools were omitted because of insufficient data.

Source: Association of American Medical Colleges Faculty Roster, July, 1977. (The sum of variable numbers FAR032 and FAR033 in Researchable Data Base)

TABLE Fac. 11

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
PERCENT OF FULL-TIME FACULTY WITH M.D. DEGREE, 1976-77

The significantly larger percentage of full-time faculty with M.D. degrees over those without in the private medical schools is a reflection of emphasis on graduate medical education and service programs (66% - private schools; 59% - public schools). The same can be said for clusters 4 and 6 (68% and 67%, respectively). On the other hand, cluster 1, composed totally of public institutions, depicts a below average emphasis on graduate medical education for established schools when considering number of house staff taught by the faculty, availability of clinical facilities, and support for sponsored multi-purpose and service programs. This is seen in the 58% average of M.D. degree-holding faculty. The relatively low percentage of faculty with the M.D. degree in the developing schools reflects the fact that as new schools evolve into fully established institutions, there is at the outset a more intense recruitment effort for the basic science faculty who very often do not have the M.D. degree.

		NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN PERCENT)									
SCHOOL GROUPINGS	NUMBER	Under 35	35-39.9	40-44.9	45-49.9	50-54.9	55-59.9	60-64.9	65-69.9	70-75	Over 75	MEAN
ALL SCHOOLS	106	1	4	4	2	12	13	24	24	14	8	62.1
Public	60	1	4	3	2	10	10	12	9	5	4	58.8
Private	46	-	-	1	-	2	3	12	15	9	4	66.2
ESTABLISHED	80	-	2	2	-	8	9	23	19	11	6	63.6
Cluster 1	12	-	1	-	-	3	2	5	-	1	-	58.0
Cluster 2	8	-	1	-	-	1	1	3	2	-	-	59.5
Cluster 3	13	-	-	1	-	3	2	3	3	1	-	59.8
Cluster 4	14	-	-	-	-	-	2	3	5	2	2	67.9
Cluster 5	18	-	-	1	-	1	-	7	3	3	3	65.5
Cluster 6	15	-	-	-	-	-	2	2	6	4	1	67.2
DEVELOPING	26	1	2	2	2	4	4	1	5	3	2	57.3
Cluster 7	9	1	-	2	-	1	1	1	1	-	2	55.1
Cluster 8	17	-	2	-	2	3	3	-	4	3	-	58.5

Note: Two schools were omitted because of inefficient data.

Source: Association of American Medical Colleges Faculty Roster, July, 1977. (The sum of variable numbers FAR032 and FAR033 divided by FAR031 in Researchable Data Base).

TABLE Fac. 12

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
NUMBER OF FULL-TIME FACULTY WHO ARE WOMEN, 1976-77

The higher average of women who are on the full-time faculties of private medical schools as opposed to public ones appears to be explained partly by the fact that the average number of full-time faculty -- men and women -- at private schools is more than 40% greater. At six private schools there are over 100 women faculty. The high mean size of the pool of women faculty for the cluster 4 schools follows from the much larger faculty size at these high-enrollment, research-oriented institutions.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN NUMBER OF FACULTY)						NUMBER OF FACULTY	
		0-20	21-40	41-60	61-80	81-100	Over 100	MEAN	TOTAL
ALL SCHOOLS	106	22	29	23	19	4	9	50	5,270
Public	60	15	15	16	8	3	3	44	2,645
Private	46	7	14	7	11	1	6	57	2,625
ESTABLISHED	80	6	20	23	19	4	8	59	4,687
Cluster 1	12	-	2	7	1	1	1	57	686
Cluster 2	8	-	2	2	3	-	1	65	521
Cluster 3	13	1	5	3	2	1	1	51	667
Cluster 4	14	-	-	5	5	1	3	84	1,171
Cluster 5	18	5	8	4	1	-	-	33	597
Cluster 6	15	-	3	2	7	1	2	70	1,045
DEVELOPING	26	16	9	-	-	-	1	22	583
Cluster 7	9	8	1	-	-	-	-	14	122
Cluster 8	17	8	8	-	-	-	1	27	461

Note: Two schools were omitted because of insufficient data.

Source: Association of American Medical Colleges Faculty Roster, July, 1977. (Variable number FAR039 in Researchable Data Base).

TABLE Fac. 13

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
PERCENTAGE OF FULL-TIME FACULTY WHO ARE WOMEN, 1976-77

Although the majority of the medical schools have between eight and sixteen percent of their full-time faculty composed of women, there are six institutions -- five of them public -- where over 24 percent of the faculty are women. Three of the public schools are located in the midwest. Except for the clusters of developing schools, the average percentages of total full-time faculty who are women are fairly close across the clusters. The 10.6 mean for cluster 7 seems to indicate that newly evolving schools are somewhat slow to add women to their full-time academic staff.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN PERCENT) 0-4	4.01-8	8.01-12	12.01-16	16.01-20	20.01-24	Over 24	PERCENTAGE MEAN
ALL SCHOOLS	106	1	7	26	42	14	10	6	14.5
Public	60	1	6	13	25	7	3	5	13.9
Private	46	-	1	13	17	7	7	1	15.2
ESTABLISHED	80	-	3	18	33	11	9	6	15.4
Cluster 1	12	-	-	-	7	2	1	2	16.8
Cluster 2	8	-	-	1	3	3	-	1	16.5
Cluster 3	13	-	2	4	4	-	1	2	14.3
Cluster 4	14	-	-	3	7	1	3	-	15.0
Cluster 5	18	-	1	4	8	-	4	1	15.8
Cluster 6	15	-	-	6	4	5	-	-	14.3
DEVELOPING	26	1	4	8	9	3	1	-	11.8
Cluster 7	9	1	2	3	1	2	-	-	10.6
Cluster 8	17	-	2	5	8	1	1	-	12.4

Note: Two schools were omitted because of insufficient data.

Source: Association of American Medical Colleges Faculty Roster, July, 1977. (Variable number FAR039 divided by FAR031 in Researchable Data Base).

TABLE Fac. 14

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
NUMBER OF FULL-TIME FACULTY AT RANK OF ASSOCIATE PROFESSOR AND ABOVE, 1975-76

A mean of 179 full-time faculty in private schools at the rank of associate professor and above, as opposed to 151 at public institutions, is logical since total full-time faculty is significantly greater in size at private schools. Further, the large means for clusters 4 and 6 -- 279 and 236 respectively -- are explained by the fact that these groupings represent the high research intensive institutions, hence larger faculties.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN NUMBER OF FACULTY)								NUMBER OF FACULTY	
		Less Than 50	51-100	101-150	151-200	201-250	251-300	301-350	Over 350	MEAN	TOTAL
ALL SCHOOLS	108	3	28	26	18	18	5	7	3	163	17,616
Public	62	3	17	14	12	11	1	4	-	151	9,392
Private	46	-	11	12	6	7	4	3	3	179	8,224
ESTABLISHED	81	-	10	21	18	18	4	7	3	189	15,322
Cluster 1	13	-	1	5	4	3	-	-	-	158	2,055
Cluster 2	8	-	-	2	3	3	-	-	-	187	1,495
Cluster 3	13	-	2	2	3	5	1	-	-	184	2,398
Cluster 4	14	-	-	1	4	1	-	5	3	279	3,904
Cluster 5	18	-	7	11	-	-	-	-	-	107	1,932
Cluster 6	15	-	-	-	4	6	3	2	-	236	3,538
DEVELOPING	27	3	18	5	-	-	1	-	-	85	2,294
Cluster 7	10	3	6	1	-	-	-	-	-	61	612
Cluster 8	17	-	12	4	-	-	1	-	-	99	1,682

Source: Liaison Committee on Medical Education Annual Medical Schools Questionnaire, Part II, 1975-76. (Variable numbers FAR001 plus FAR002 in Researchable Data Base).

TABLE Fac. 15

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
PERCENT OF FULL-TIME FACULTY AT RANK OF ASSOCIATE PROFESSOR AND ABOVE, 1975-76

The extent to which the full-time faculty in a medical school are at the rank of associate professor and above is a rough proxy for determining the proportion of tenured faculty and concurrently the seniority (age) of that faculty. The general policy among the medical schools is to begin tenure eligibility at the rank of associate professor. The average percentage of full-time faculty at that level and above is 50.3% - significantly greater for the public schools (53.2% versus 46.3%). The high percentage shown for cluster 2 (55.2%) is striking. It is attributable essentially to a single institution's average of 78.6% and its effect on the small eight-school cluster. The somewhat higher aggregate mean for the developing schools, (52.5%) as opposed to the established schools collectively (49.5%) is very possibly the result of recruitment patterns for the newer schools, i.e. beginning with the appointment of more senior faculty in the build-up of departments.

		NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN PERCENT)								
SCHOOL GROUPINGS	NUMBER	Below 35	35-39.9	40-44.9	45-49.9	50-54.9	55-59.9	60-69.9	Over 70	MEAN
ALL SCHOOLS	108	3	10	19	30	16	16	9	5	50.3
Public	62	-	2	12	14	11	12	6	5	53.2
Private	46	3	8	7	16	5	4	3	-	46.?
ESTABLISHED	81	1	9	16	22	13	11	7	2	49.5
Cluster 1	13	-	-	3	5	2	2	1	-	50.6
Cluster 2	8	-	-	2	-	2	2	1	1	55.2
Cluster 3	13	-	1	2	3	2	4	1	-	51.2
Cluster 4	14	1	4	2	1	3	2	1	-	47.0
Cluster 5	18	-	2	4	5	3	1	2	1	49.8
Cluster 6	15	-	2	3	8	1	-	1	-	46.0
DEVELOPING	27	2	1	3	8	3	5	2	3	52.5
Cluster 7	10	-	1	1	1	2	4	-	1	53.7
Cluster 8	17	2	-	2	7	1	1	2	2	51.8

Source: Liaison Committee on Medical Education Annual Medical Schools Questionnaire, Part II, 1975-76. (The sum of variable numbers FAR001 and FAR002 divided by FAR031 in Researchable Data Base).

TABLE Fac. 16

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
NUMBER OF FULL-TIME FACULTY ALUMNI OF THE SAME SCHOOL, 1976-77

The average number of full-time faculty who are alumni of the same private school far exceeds that for the public school (47 as opposed to 36). This observation reflects the fact that the overall size of the full-time academic staff in the private institutions is nearly forty percent greater than at their public counterparts. Among the established school groupings, cluster 4 with a mean of 77 stands far above the average of 54 for the established schools. Cluster 4, it should be noted, is characterized by large institutions as measured by enrollment size, number of total faculty and total revenue, including sponsored research.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN NUMBER OF FACULTY)										NUMBER OF FACULTY	
		0	1-10	11-20	21-30	31-40	41-50	51-60	61-70	71-80	Over 80	MEAN	TOTAL
ALL SCHOOLS	106	18	10	6	16	9	14	7	5	11	10	41	4,331
Public	60	14	7	2	9	3	7	5	3	6	4	36	2,180
Private	46	4	3	4	7	6	7	2	2	5	6	47	2,151
ESTABLISHED	80	-	2	6	16	9	14	7	5	11	10	54	4,307
Cluster 1	12	-	-	-	2	1	3	1	1	3	1	61	736
Cluster 2	8	-	-	-	2	2	1	-	1	1	1	50	396
Cluster 3	13	-	1	1	4	-	2	3	-	2	-	41	533
Cluster 4	14	-	-	2	1	2	2	1	1	2	3	77	1,074
Cluster 5	18	-	1	3	7	2	3	-	2	-	-	31	560
Cluster 6	15	-	-	-	-	2	3	2	-	3	5	67	1,008
DEVELOPING	26	18	8	-	-	-	-	-	-	-	-	1	24
Cluster 7	9	8	1	-	-	-	-	-	-	-	-	-	2
Cluster 8	17	10	7	-	-	-	-	-	-	-	-	1	22

Note: Two schools were omitted because of insufficient data.

Source: Association of American Medical Colleges Faculty Roster, July, 1977. (Variable number FAR042 in Researchable Data Base).

TABLE Fac. 17

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
PERCENT OF FULL-TIME FACULTY WHO ARE ALUMNI OF THE SAME SCHOOL, 1976-77

The difference between the public and private school means for the percentage of full-time faculty who are alumni of the same school is quite close when zero values are discounted (12.8% - public; 13.3% - private). The disparity among the established school clusters, however, is more striking. Cluster 1 shows that its institutions have on average nearly 18 percent of their full-time faculty of the same school from which they graduated, while cluster 3 schools average just under 12 percent. Both groupings comprise public schools totally.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN PERCENT) 0	Less Than 1	1-5	5.01-10	10.01-15	15.01-20	20.01-25	25.01-30	30.01-35	PERCENTAGE MEAN excl zero	PERCENTAGE MEAN incl zero
ALL SCHOOLS	106	18	5	7	16	26	23	5	3	3	13.0	10.8
Public	60	14	3	4	10	10	12	4	1	2	12.8	9.8
Private	46	4	2	3	6	16	11	1	2	1	13.3	12.2
ESTABLISHED	80	-	-	4	16	26	23	5	3	3	14.2	14.2
Cluster 1	12	-	-	-	1	3	5	1	1	1	17.9	17.9
Cluster 2	8	-	-	-	2	2	3	1	-	-	14.0	14.0
Cluster 3	13	-	-	1	5	3	3	-	-	1	11.9	11.9
Cluster 4	14	-	-	2	2	5	3	2	-	-	12.6	12.6
Cluster 5	18	-	-	1	4	6	3	1	2	1	14.9	14.9
Cluster 6	15	-	-	-	2	7	6	-	-	-	14.0	14.0
DEVELOPING	26	18	5	3	-	-	-	-	-	-	1.6	0.5
Cluster 7	9	8	1	-	-	-	-	-	-	-	1.0	0.1
Cluster 8	17	10	4	3	-	-	-	-	-	-	1.7	0.7

Note: Two schools were omitted because of insufficient data.

Source: Association of American Medical Colleges Faculty Roster, July, 1977. (Variable number FAR042 divided by FAR031 in Researchable Data Base).

TABLE Fac. 18

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
NUMBER OF FULL-TIME FACULTY FROM UNDER-REPRESENTED MINORITIES, 1976-77

Private medical schools are staffed on average with significantly more full-time faculty from under-represented minorities than public institutions (mean of 10 versus 5). This comparison is somewhat distorted by the presence in the private aggregation of two schools predominantly staffed with blacks and other under-represented minorities. Were these institutions excluded from the calculation, the mean would be reduced to 6. By the same token, both these schools fall within cluster 5. Were these institutions eliminated from the calculation of that mean, the revised average would be 2.2 instead of 15.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN NUMBER OF FACULTY) 0-10	11-20	21-30	31-40	over 40	MEAN	TOTAL
ALL SCHOOLS	107	93	10	2	-	2	7	753
Public	61	55	6	-	-	-	5	276
Private	46	38	4	2	-	2	10	477
ESTABLISHED	80	66	10	2	-	2	8	675
Cluster 1	13	12	1	-	-	-	5	60
Cluster 2	8	5	3	-	-	-	8	62
Cluster 3	12	12	-	-	-	-	4	43
Cluster 4	14	9	3	2	-	-	11	151
Cluster 5	18	16	-	-	-	2	15	262
Cluster 6	15	12	3	-	-	-	7	98
DEVELOPING	27	27	-	-	-	-	3	78
Cluster 7	10	10	-	-	-	-	2	20
Cluster 8	17	17	-	-	-	-	3	58

Note: One school was omitted because of insufficient data.

Source: Association of American Medical Colleges Faculty Roster, July, 1977 (Variable number FAR041 in Researchable Data Base).

TABLE Fac. 19

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
PERCENT OF FULL-TIME FACULTY FROM UNDER-REPRESENTED MINORITIES, 1976-77

The percentage of full-time faculty from under-represented minority groups is considerably higher for private over public medical schools (4.3 percent versus 1.2 percent when discounting zero values). Both averages are somewhat distorted by the presence of values from two institutions whose faculty are predominantly from such minorities and where the means are over 50 percent. The effect of these two schools on the statistics is quite apparent in cluster 5. Were they eliminated from the mean calculations where zero values are discounted, the cluster 5 mean would be 1.4 percent rather than 8.7 percent. Clusters 2 and 4, each showing 2.2 percent of their full-time faculties composed of under-represented minorities, would then be the high value clusters. This is partly explained by the prevalence of schools located in large metropolitan areas.

		NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN PERCENT)											
SCHOOL GROUPINGS	NUMBER	0	.01-.50	.501-1.00	1.01-1.50	1.501-2.00	2.01-2.50	2.501-3.00	3.01-4.00	4.01-7.00	Over 50		MEAN excl zero	MEAN incl zero
ALL SCHOOLS	107	11	7	19	24	15	13	9	2	5	2		2.9	2.6
Public	61	8	3	10	14	10	7	5	-	4	-		1.2	1.5
Private	46	3	4	9	10	5	6	4	2	1	2		4.3	4.0
ESTABLISHED	80	4	7	16	18	12	10	7	1	3	2		3.1	3.0
Cluster 1	13	-	-	5	3	3	1	1	-	-	-		1.4	1.4
Cluster 2	8	-	1	1	1	-	1	3	-	1	-		2.2	2.2
Cluster 3	12	2	2	2	3	2	1	-	-	-	-		1.1	.9
Cluster 4	14	-	-	3	3	3	2	-	1	2	-		2.2	2.2
Cluster 5	18	2	1	2	5	3	2	1	-	-	2		8.7	7.8
Cluster 6	15	-	3	3	3	1	3	2	-	-	-		1.3	1.3
DEVELOPING	27	7	-	3	6	3	3	2	1	2	-		2.1	1.6
Cluster 7	10	4	-	1	2	1	-	1	-	1	-		2.0	1.2
Cluster 8	17	3	-	2	4	2	3	1	1	1	-		2.1	1.7

Note: One school was omitted because of insufficient data.

Source: Association of American Medical Colleges Faculty Roster, July, 1977. (Variable number FAR031 divided by FAR041 in Researchable Data Base)

TABLE Fac. 2

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
NUMBER OF FULL-TIME FACULTY WHO ARE FOREIGN MEDICAL GRADUATES, 1976-77

Private medical schools in general and those institutions included in cluster 4, which comprises an equal number of private and public schools, stand out in the number of full-time faculty who are foreign medical graduates (an average of 66 for private schools and 102 for cluster 4 institutions). This is a reflection of: (1) the large total full-time faculties at the institutions within these aggregations; (2) the presence in both groups of institutions located in large metropolitan areas, particularly in the Northeast, where there are sizable concentrations of foreign graduates. More than 60 percent of these faculty members are graduates of medical schools in English-speaking and in Western European countries.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN NUMBER OF FACULTY)					NUMBER OF FACULTY	
		0-20	21-40	41-60	61-80	Over 80	MEAN	TOTAL
ALL SCHOOLS	108	24	31	20	14	19	51	5,518
Public	62	16	22	12	5	7	40	2,493
Private	46	8	9	8	9	12	66	3,025
ESTABLISHED	81	9	22	19	14	17	58	4,715
Cluster 1	13	2	8	1	1	1	38	490
Cluster 2	8	-	2	2	1	3	70	560
Cluster 3	13	1	5	5	2	-	43	559
Cluster 4	14	-	1	2	2	9	102	1,424
Cluster 5	18	6	6	3	3	-	35	635
Cluster 6	15	-	-	6	5	4	70	1,047
DEVELOPING	27	15	9	1	-	2	30	803
Cluster 7	10	8	-	1	-	1	22	218
Cluster 8	17	7	9	-	-	1	34	585

Source: Association of American Medical Colleges Faculty Roster, July, 1977 (Variable number FAR052 in Researchable Data Base).

MEDICAL SCHOOL FINANCES

The 108 institutions involved in medical education, biomedical research, and health care had budgets totaling $3,348,600,000 in 1975-76. (Table Fin. 1)

Summary data on the financial characteristics of these institutions (tables Fin. 1 - 4) and detailed data relating to individual financial items are presented in tables Fin. 5 - 27. The detailed tables present the data for the 108 schools in terms of frequency distributions within class intervals (ranges) relating to specific financial variables. For all tables, the schools have been grouped by ownership (public or private), and by age (established or developing) as discussed in the Scope and Methodology Section. The data do not reflect the outlays or obligations for construction of physical facilities.

Medical schools have common objectives to produce the next generation of physicians, to advance scientific knowledge in the biomedical sciences, and to provide health care to the community. In pursuing common objectives, institutions vary in the magnitude and mix of these major activities of research, education, and service. And these activities in turn are dependent upon, and are shaped by the fiscal resources of the institution and the financial mechanisms through which funds are made available.

The distinction as shown in Table Fin. 1 between income for regular operations and income provided for certain specific purposes is a conventional distinction simplifying the reporting and collection of financial data. Regular operations include instruction and departmental research, administration and management functions, and operation and maintenance of the physical facility. Income restricted by the provider of the funds specifically for certain purposes covers the conduct of research, support of research training and special teaching programs, and the cost to the medical school of the involvement by faculty and

staff in special health care programs in the community.

This conventional distinction between the regular operations of the medical school and activities supported by restricted funds should not blur recognition of the synergistic effect of all the activities of the institution. Strengthening the capability of an academic institution's faculty to engage in research also improves the quality of the institution's instructional program through the enriched environment the research activity makes possible. Providing the resources for the medical school to become more involved in community programs expands the learning opportunities for students and broadens the clinical experience of the faculty.

There is considerable variation among the groups of schools in the sources of funds and the magnitude and emphasis on individual activities. Within each group the member schools also differ, although the schools have been grouped according to their affinity to the selected group of characteristics (see Scope and Methodology section).

In terms of the averages in percent per school, almost three-fifths of the total medical school income supported the institutions' regular operations; slightly more than two-fifths was restricted by the provider of the funds for specific purposes. For the private schools, however, sponsored programs were greater per school than regular operations. The average total expenditures in 1975-76 of private medical schools -- $34.1 million -- was about 10 percent greater than the average of $28.7 million for all public schools (Table Fin. 2). But public institutions' regular operations averaged $16.7 million, compared with $15.9 million for the private group; among private schools sponsored programs, however, averaged $18.2 million, 50 percent higher than the $12.0 million mean for public schools.

It should be noted that the 29 schools in clusters 4 and 6 (7 public and 7 private schools in cluster 4 and 1 public and 14 private in cluster 6) reported substantially higher amounts than the over-all averages for total revenue, regular operations revenue, and income for sponsored programs. These 29 schools representing about 1 out of 4 schools received 46 percent of total medical school income. For the two major income components, these 29 schools received 38 percent of regular operating income and 55 percent of the funds restricted for

specific purposes.

Regular Operations

The sources of income relied upon in 1975-76 by the group of 108 medical schools to carry forward instruction and departmental research activities, the essential administration and management functions, and operation and maintenance of the physical plant are summarized in tables Fin. 1, 2, and 3 and detailed by frequency distributions for each financial item in tables Fin. 6 - 10.

State government funds for regular operations show the greatest variation among the group of schools of any single income source. Public schools received an average of $10.1 million from the government of the state in which the school is located; private schools received $1.3 million. State funds were the single largest source of regular operations revenue for the public schools. For private schools, the largest income item was the assistance for supporting the institution's regular operations provided by the earnings of the faculty from their allowed clinical practice; this averaged $4.4 million for a total of $197.2 million. Public schools received slightly more in total -- $199.7 million -- but the average per school was $3.4 million.

Funds to defray the necessary commitment of overhead support for the conduct of sponsored programs (recovery of indirect costs) comprise the second largest single source of income for regular operations for private schools, and the third largest for public schools. Because of their substantially larger sponsored activity programs, private schools averaged more than twice the amount for the public school group, $3.4 million for private schools, $1.4 million for public schools.

The same pattern exists for the other individual income items for regular operations, namely the larger amounts received, on average, and in total, by the private school group, from tuition, endowment income and gifts, college services, and miscellaneous sources.

The use of the regular operating income for instruction and departmental research, administration, and plant operation and maintenance are detailed in tables Fin. 18 - 20.

Department instruction and research averaged

$9.8 million in 1975-76 for all medical schools, $2.8 million for administration and management expense, and $1.7 million for maintenance and operation of the physical facility.

Variation among the school groups for expenditures for regular operations are a reflection of the number of students, and faculty, and the salary levels for faculty and staff, and the magnitude of sponsored programs.

Sponsored Programs

As reported by medical schools, expenditures for sponsored activities are equal to the funds provided by the sponsoring agencies. In 1975-76, medical schools received a total of $1,580 million for activities specifically designated by the provider of the funds.

Sponsored activities averaged $14.6 million per school in 1975-76, out of a total average expenditure per school of $31.0 million. Private schools exceeded the overall average, $18.2 million; the mean for public schools was $12.0 million.

Schools in clusters 4 and 6 were most heavily engaged in activities supported by funds provided for specific purposes. The 7 public and 7 private schools in cluster 4 averaged $34.3 million, and the 1 public and 14 private schools in cluster 6 averaged $25.4 million in all sponsored activities.

Grants and contracts for research projects totalled $823 million in 1975-76. These include investigator-initiated projects funded through Federal and other government agencies, foundations, philanthropies and other sources, and specific and targeted investigations desired by the sponsor. Sponsored research investigations averaged $10 million at private medical schools and $5.9 million at public institutions. The average for all schools was $7.6 million. The data are summarized in tables Fin. 1 and 2, and detailed in tables Fin. 15 and 25.

Funds provided to medical schools specifically for the training of biomedical research investigators, for special programs to develop new curricula approaches, to correct instructional deficiencies among disadvantaged students, and to support undergraduate medical education through capitation allowances averaged $3.4 million per medical school in 1975-76. Considerably higher averages -- more

than $5 million -- were reported by the larger enrollment schools in cluster 2 and by schools in clusters 4 and 6 involved in extensive research training programs (tables Fin. 1, 2, 16, and 26).

Of the total sponsored programs of $1,580 million in 1975-76, Federal agencies provided $1,038 million, two-thirds of the total. Federal support averaged $9.6 million per school, for activities specifically necessary to the agencies' missions or deemed to be in the general national interest, and therefore a responsibility of the Federal Government.

More than three-fifths of Federal restricted funds supported biomedical research conducted in medical school laboratories and clinics; research training programs and capitation support for undergraduate medical education accounted for one-fourth, and the remaining 10 percent of Federal restricted funds supported community service programs and projects that bridged research, teaching, and service. (Table Fin. 4 and 12).

State and local governments provided $224.8 million, or $2.1 million per school, primarily for the support of community health service programs in neighborhood clinics and ambulatory centers. Community service programs accounted for four-fifths of the state and local government funds, which totalled 15 percent of the dollar total of all restricted funds provided to medical schools for specific activities (tables Fin. 4 and 13).

A total of $317 million, one-fifth of all funds for restricted purposes, was provided to medical schools from gifts, use of endowment income, funds from voluntary health organizations, philanthropic foundations, and corporations. Almost half of these funds financed biomedical research investigations, about one-third supported community service and health programs, and one-fifth assisted in the financing of special teaching and training programs.

A summary review of medical school financial data is published each year in the Education Number of the Journal of the American Medical Association.

TABLE Fin. 1

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY SOURCES OF INCOME, 1975-76

(in Millions of Dollars)

SCHOOL GROUPINGS	Total Revenue	Regular operating revenue								Sponsored program revenue			
		Total	State government	Professional practice	Indirect cost recovery	Tuition & fees	Endowment income & gifts	College services	Other	Total	Research	Teaching and training	Community service & multi-purpose
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
ALL SCHOOLS	$3,348.6	$1,768.9	$605.6	$396.9	$223.0	$154.0	$82.4	$62.0	$164.9	$1,579.7	$822.5	$379.3	$386.9
Public	1,778.8	1,037.3	625.3	199.7	86.3	41.8	10.1	20.4	53.8	741.4	364.3	200.9	176.2
Private	1,569.8	731.6	60.4	197.2	136.8	112.2	72.4	41.6	111.1	838.3	458.3	169.3	210.6
ESTABLISHED	2,908.7	1,475.9	504.7	350.5	201.1	143.1	76.1	58.5	142.0	1,432.8	736.0	326.6	370.2
Cluster 1	309.6	188.4	110.8	30.0	11.6	9.2	.7	8.2	17.8	121.2	47.2	34.1	39.8
Cluster 2	303.9	193.7	125.2	25.4	14.9	14.0	4.9	4.4	4.8	110.2	46.8	42.6	20.7
Cluster 3	440.0	242.1	112.3	83.2	24.4	9.4	2.8	1.5	8.5	197.9	96.4	47.9	53.7
Cluster 4	812.5	331.8	121.4	65.2	61.6	32.9	19.9	7.7	22.9	480.8	231.6	75.9	173.3
Cluster 5	315.9	174.8	15.3	42.0	17.7	42.9	12.5	7.1	37.4	141.2	69.8	45.9	25.4
Cluster 6	726.7	345.1	19.7	104.8	70.8	34.6	35.2	29.7	50.4	381.6	244.2	80.1	57.2
DEVELOPING	440.0	293.0	180.9	46.3	22.0	11.0	6.4	3.5	22.9	147.0	86.5	43.7	16.7
Cluster 7	99.4	74.2	62.1	1.5	1.7	2.9	.5	.2	5.2	25.2	11.3	12.6	1.4
Cluster 8	340.5	218.8	118.8	44.9	20.2	8.0	5.9	3.2	17.7	121.7	75.3	31.1	15.4

Source: Column (1) - Table Fin. 5
Column (2) - Table Fin. 6
Column (3) - Table Fin. 7
Column (4) - Table Fin. 8
Column (5) - Table Fin. 9
Column (6) - Table Fin. 10
Column (7) } Liaison Committee on Medical
Column (8) } Education Annual Medical School
Column (9) } Questionnaire, Part I, 1975-76
Column (10) - Table Fin. 11
Column (11) - Table Fin. 15
Column (12) - Table Fin. 16
Column (13) - Table Fin. 17

TABLE Fin. 2

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY MEAN VALUES OF SOURCES OF INCOME, 1975-76[1]

Means
(in millions of dollars)

SCHOOL GROUPINGS	Total Revenue	Regular operating revenue								Sponsored program revenue			
		Total	State government	Professional practice	Indirect cost recovery	Tuition & fees	Endowment income & gifts	College services	Other	Total	Research	Training and teaching	Community service & multi-purpose
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
ALL SCHOOLS	$31.0	$16.4	$ 6.3	$3.9	$2.1	$1.5	$ .8	$ .6	$1.5	$14.6	$ 7.6	$3.4	$3.6
Public	28.7	16.7	10.1	3.4	1.4	.7	.2	.3	.9	12.0	5.9	3.2	2.8
Private	34.1	15.9	1.3	4.4	3.1	2.4	1.6	.9	2.4	18.2	10.0	3.7	4.6
ESTABLISHED	35.9	18.2	6.2	4.5	2.5	1.8	1.0	.8	1.8	17.7	9.1	4.0	4.6
Cluster 1	23.8	14.5	8.5	2.7	.9	.7	.1	.6	1.4	9.3	3.6	2.6	3.1
Cluster 2	38.0	24.2	15.7	3.2	1.9	1.8	.6	.6	.6	13.8	5.8	5.3	2.6
Cluster 3	33.8	18.6	8.6	6.4	1.9	.7	.2	.1	.7	15.2	7.4	3.7	4.1
Cluster 4	58.0	23.7	8.7	4.7	4.4	2.4	1.4	.6	1.6	34.3	16.5	5.4	12.4
Cluster 5	17.6	9.7	.8	2.3	1.0	2.4	.7	.4	2.1	7.8	3.9	2.5	1.4
Cluster 6	48.4	23.0	1.3	7.5	4.7	2.3	2.3	2.0	3.4	25.4	16.3	5.3	3.8
DEVELOPING	16.3	10.9	6.7	1.9	.9	.5	.2	.1	.8	5.4	3.2	1.6	.6
Cluster 7	9.9	7.4	6.2	.1	.2	.3	.1	.0	.5	2.5	1.1	1.3	.1
Cluster 8	20.0	12.9	7.0	3.0	1.3	.6	.4	.2	1.0	7.2	4.4	1.8	.9

[1]Detail may not add to totals because of rounding, and because the total column is based on all schools reporting, while some schools were omitted, because of insufficient data, for some components of revenue for regular operations.

Source: Column (1) - Table Fin. 5
Column (2) - Table Fin. 6
Column (3) - Table Fin. 7
Column (4) - Table Fin. 8
Column (5) - Table Fin. 9
Column (6) - Table Fin. 10
Column (7) } Liaison Committee on Medical
Column (8) } Education Annual Medical School
Column (9) } Questionnaire, Part I, 1975-76
Column (10) - Table Fin. 11
Column (11) - Table Fin. 15
Column (12) - Table Fin. 16
Column (13) - Table Fin. 17

TABLE Fin. 3

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
INCOME SOURCES MEANS IN PERCENT OF TOTAL INCOME, 1975-76

Means
(in percent of total revenue[1])

SCHOOL GROUPINGS	Total Revenue	Regular operating revenue								Sponsored program revenue			
		Total	State government	Professional practice	Indirect cost recovery	Tuition & fees	Endowment income & gifts	College services	Other	Total	Research	Teaching and training	Community service & multi-purpose
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)	(13)
ALL SCHOOLS	100.0	56.8	25.4	11.4	5.7	5.7	2.5	1.9	4.9	43.2	21.6	12.3	9.9
Public	100.0	61.8	40.5	10.6	4.3	2.5	.6	1.2	3.0	38.2	17.8	11.7	9.3
Private	100.0	50.1	5.0	12.4	7.7	9.8	4.6	2.8	7.1	49.9	26.7	13.2	10.6
ESTABLISHED	100.0	53.5	18.9	12.7	6.2	6.1	2.7	2.1	4.9	46.5	22.9	12.2	12.1
Cluster 1	100.0	60.7	36.7	11.7	3.7	3.0	.3	2.7	5.8	39.3	15.0	11.0	13.4
Cluster 2	100.0	63.1	39.9	7.9	5.2	5.0	1.6	1.5	1.6	36.9	16.7	13.5	7.4
Cluster 3	100.0	55.2	26.4	18.4	5.1	2.0	.7	.4	1.9	44.9	20.8	11.1	13.8
Cluster 4	100.0	42.9	17.1	8.4	7.1	4.3	2.4	1.0	2.8	57.1	26.5	9.2	22.1
Cluster 5	100.0	56.1	5.7	12.6	5.9	14.2	4.0	2.5	11.8	43.9	20.8	16.4	6.8
Cluster 6	100.0	47.2	3.2	15.5	9.1	5.1	4.8	4.1	6.9	52.8	34.2	11.2	9.0
DEVELOPING	100.0	66.9	44.9	7.3	4.3	4.3	1.5	.8	5.2	33.1	17.7	12.8	3.3
Cluster 7	100.0	70.0	55.6	.9	2.2	3.8	.5	.3	5.3	30.0	12.8	16.9	1.1
Cluster 8	100.0	65.1	38.7	11.6	5.5	4.7	1.8	1.0	5.2	34.9	20.6	10.3	4.6

[1]Detail may not add to totals because of rounding, because the means in percent of total revenue are unweighted composite averages for each school, and because the total columns are based on all schools reporting, while some schools were omitted, because of insufficient data, for some components of revenue for regular operations.

Source: Column (2) Liaison Committee on Medical Education Annual Medical School Questionnaire, Part I, 1975-76
Column (3) - Table Fin. 21
Column (4) - Table Fin. 22
Column (5) - Table Fin. 23
Column (6) - Table Fin. 24
Column (7) } Liaison Committee on Medical
Column (8) } Education Annual Medical School
Column (9) } Questionnaire, Part I, 1975-76
Column (10) }
Column (11) - Table Fin. 25
Column (12) - Table Fin. 26
Column (13) - Table Fin. 27

TABLE Fin. 4

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
SOURCES OF INCOME FOR SPONSORED PROGRAMS, 1975-76

SCHOOL GROUPINGS	Amount (millions of dollars)				Means (millions of dollars)				Means[1] (in percent of total revenue)			
	Total	Federal government	State & local government	Non-government	Total	Federal government	State & local government	Non-government	Total	Federal government	State & local government	Non-government
	(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)	(12)
ALL SCHOOLS	$1,579.7	$1,038.2	$224.8	$316.7	$14.6	$ 9.6	$2.1	$2.9	43.2	29.8	5.1	8.2
Public	741.4	494.4	106.6	140.5	12.0	8.0	1.7	2.3	38.2	26.5	5.2	6.5
Private	838.3	543.8	118.2	176.2	18.2	11.8	2.6	3.8	49.9	34.3	5.0	10.5
ESTABLISHED	1,432.8	924.5	214.0	294.3	17.7	11.4	2.6	3.6	46.5	31.1	6.2	9.3
Cluster 1	121.2	84.3	19.0	17.9	9.3	6.5	1.5	1.4	39.3	27.1	6.1	6.1
Cluster 2	110.2	63.3	25.5	21.4	13.8	7.9	3.2	2.7	36.9	21.6	8.2	7.1
Cluster 3	197.9	145.0	28.8	24.1	15.2	11.2	2.2	1.9	44.9	32.1	7.3	5.4
Cluster 4	480.8	252.8	117.4	110.6	34.3	18.1	8.4	7.9	57.1	30.2	13.1	13.9
Cluster 5	141.2	103.4	6.6	31.2	7.8	5.7	.4	1.7	43.9	33.1	2.0	8.8
Cluster 6	381.6	275.8	16.7	89.1	25.4	18.4	1.1	5.9	52.8	37.2	2.6	13.0
DEVELOPING	147.0	113.7	10.8	22.4	5.4	4.2	.4	.8	33.1	26.2	2.0	4.9
Cluster 7	25.2	20.1	1.7	3.4	2.5	2.0	.2	.3	30.0	24.8	1.2	3.9
Cluster 8	121.7	93.6	9.0	19.0	7.2	5.5	.5	1.1	34.9	27.0	2.4	5.5

[1]Means in percent of total revenue are unweighted composite averages for each school.

Source: Column (1) and (5) - Table Fin. 11
Column (2) and (6) - Table Fin. 12
Column (3) and (7) - Table Fin. 13
Column (4) and (8) - Table Fin. 14

Column (9), Column (10), Column (11), Column (12) } Liaison Committee on Medical Education Annual Medical School Questionnaire, Part I, 1975-76

TABLE Fin. 5

DISTRIBUTION OF U.S. MEDICAL SCHOOLS
BY TOTAL INCOME, 1975-76

The average total revenue for all private schools exceeded the mean for all schools. Four private and four public institutions each reported total revenues of more than $65 million. These established schools are in clusters 4 and 6 which have a strong research orientation and are heavily involved in other sponsored activities.

Developing school revenues are substantially lower than the averages for the established schools. One developing institution with a full four-year M.D. degree granting program initiated after 1971-72 had total revenues of less than $5 million.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN MILLIONS OF DOLLARS) Less than 5	5-14.99	15-24.99	25-34.99	35-44.99	45-54.99	55-64.99	Over 65	MILLIONS OF DOLLARS MEAN	TOTAL
ALL SCHOOLS	108	1	22	28	20	15	7	7	8	$31.0	$3,348.6
Public	62	1	11	21	11	9	3	2	4	28.7	1,778.8
Private	46	-	11	7	9	6	4	5	4	34.1	1,569.8
ESTABLISHED	81	-	8	21	16	14	7	7	8	35.9	2,908.7
Cluster 1	13	-	-	9	3	1	-	-	-	23.8	309.6
Cluster 2	8	-	-	1	1	4	2	-	-	38.0	303.9
Cluster 3	13	-	1	2	5	3	1	1	-	33.8	440.0
Cluster 4	14	-	-	1	1	2	2	2	6	58.0	812.5
Cluster 5	18	-	7	8	3	-	-	-	-	17.6	315.9
Cluster 6	15	-	-	-	3	4	2	4	2	48.4	726.7
DEVELOPING	27	1	14	7	4	1	-	-	-	16.3	440.0
Cluster 7	10	1	8	1	-	-	-	-	-	9.9	99.4
Cluster 8	17	-	6	6	4	1	-	-	-	20.0	340.5

Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part I, 1975-76 (Variable number INC004 in Researchable Data Base)

TABLE Fin. 6

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
REGULAR OPERATING INCOME, 1975-76

For all public and private medical schools an average revenue of about $16 million per school supported activities other than those specifically sponsored by the provider of the funds. Among the established schools, institutions in clusters 2, 4, and 6 had average revenues substantially above the over-all mean; these schools have large medical student enrollments and/or a low ratio of medical students to faculty. The schools still in the process of development reported revenues substantially lower than the established institutions.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN MILLIONS OF DOLLARS) Less Than 5	5-9.99	10-14.99	15-19.99	20-24.99	25-29.99	30-34.99	35-39.99	Over 40	—MILLIONS OF DOLLARS— MEAN	TOTAL
ALL SCHOOLS	108	9	17	29	15	20	8	7	2	1	$16.4	$1,768.9
Public	62	3	11	18	9	12	2	5	2	-	16.7	1,037.3
Private	46	6	6	11	6	8	6	2	-	1	15.9	731.6
ESTABLISHED	81	4	8	23	12	16	8	7	2	1	18.2	1,475.9
Cluster 1	13	-	1	6	4	2	-	-	-	-	14.5	188.4
Cluster 2	8	-	-	1	2	2	1	1	1	-	24.2	193.7
Cluster 3	13	1	1	3	1	5	1	1	-	-	18.6	242.1
Cluster 4	14	-	-	3	2	2	2	4	1	-	23.7	331.8
Cluster 5	18	3	6	7	1	1	-	-	-	-	9.7	174.8
Cluster 6	15	-	-	3	2	4	1	1	-	1	23.0	345.1
DEVELOPING	27	5	9	6	3	4	-	-	-	-	10.9	293.0
Cluster 7	10	4	4	1	1	-	-	-	-	-	7.4	74.2
Cluster 8	17	1	5	5	2	4	-	-	-	-	12.9	218.8

Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part I, 1975-76 (Variable number INC089 in Researchable Data Base)

TABLE Fin. 7

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
INCOME FROM STATE GOVERNMENTS, 1975-76

State governments appropriated $625 million to state owned institutions, an average of $10 million per school, and an additional $60 million in the form of subsidies to 31 private schools located in the state, about $1.3 million per school. Fifteen private schools did not report a state subsidy. The average payment to developing schools --- primarily publicly owned institutions --- was slightly higher than the overall average, but substantially below the mean for all public institutions. The three private insitutions in the developing clusters did, however, receive a state subsidy.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN MILLIONS OF DOLLARS) 0	Less Than 1	1-1.99	2-3.99	4-6.99	7-8.99	9-10.99	11-15.99	16-19.99	Over 20	—MILLIONS OF DOLLARS— MEAN	TOTAL
ALL SCHOOLS	108	15	8	12	15	14	16	11	8	4	5	$ 6.3	$685.6
Public	62	-	-	1	5	12	16	11	8	4	5	10.1	625.3
Private	46	15	8	11	10	2	-	-	-	-	-	1.3	60.4
ESTABLISHED	81	15	5	9	12	10	8	8	7	2	5	6.2	504.7
Cluster 1	13	-	-	-	-	4	4	3	2	-	-	8.5	110.8
Cluster 2	8	-	-	-	1	1	-	1	1	1	3	15.7	125.2
Cluster 3	13	-	-	-	2	3	4	1	3	-	-	8.6	112.3
Cluster 4	14	1	-	1	4	1	-	3	1	1	2	8.7	121.4
Cluster 5	18	8	2	6	2	-	-	-	-	-	-	.8	15.3
Cluster 6	15	6	3	2	3	1	-	-	-	-	-	1.3	19.7
DEVELOPING	27	-	3	3	3	4	8	3	1	2	-	6.7	180.9
Cluster 7	10	-	1	2	2	2	1	-	1	1	-	6.2	62.1
Cluster 8	17	-	2	1	1	2	7	3	-	1	-	7.0	118.8

Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part I, 1975-76 (Variable numbers INR011, INR012 and INR013 in Researchable Data Base)

TABLE Fin. 8

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
INCOME FROM PROFESSIONAL PRACTICE PLANS, 1975-76

About one out five schools reported no income from the professional practice of their clinical faculty. This income averaged almost $5 million for the 81 schools that did receive such income. Private schools showed substantially higher average income than public schools, but the cluster 3 schools -- all public -- had the second highest average income; four of the 12 schools in this cluster received more than $10 million. Developing schools particularly those in cluster 7 have not yet established practice plans providing the levels of income of the established schools.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN MILLIONS OF DOLLARS) 0	Less Than 1	1-1.99	2-3.49	3.5-4.49	4.5-5.99	6.0-7.49	7.5-9.99	Over 10	MILLIONS OF DOLLARS MEAN excl zero	MEAN incl zero	TOTAL
ALL SCHOOLS	103	22	12	10	8	12	11	10	9	9	$4.9	$3.9	$396.9
Public	58	11	9	7	4	6	9	7	-	5	4.2	3.4	199.7
Private	45	11	3	3	4	6	2	3	9	4	5.8	4.4	197.2
ESTABLISHED	78	13	5	9	7	10	8	9	8	9	5.4	4.5	350.5
Cluster 1	11	1	1	4	1	1	2	1	-	-	3.0	2.7	30.0
Cluster 2	8	2	1	1	1	-	1	1	1	-	4.2	3.2	25.4
Cluster 3	13	1	-	1	1	2	2	2	-	4	6.9	6.4	83.2
Cluster 4	14	3	1	-	-	4	1	2	1	2	5.9	4.7	65.2
Cluster 5	18	6	2	1	4	2	-	2	1	-	3.5	2.3	42.0
Cluster 6	14	-	-	2	-	1	2	1	5	3	7.5	7.5	104.8
DEVELOPING	25	9	7	1	1	2	3	1	1	-	2.9	1.9	46.3
Cluster 7	10	6	4	-	-	-	-	-	-	-	.4	.1	1.5
Cluster 8	15	3	3	1	1	2	3	1	1	-	3.7	3.0	44.9

Note: Five schools were omitted because of insufficient data.

Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part I, 1975-76 (Variable number INR041 in Researchable Data Base)

TABLE Fin. 9

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
INCOME FROM RECOVERY OF INDIRECT COSTS ON GRANTS AND CONTRACTS, 1975-76

Sponsored programs provide funds to pay for the direct costs involved in conducting the sponsored activity, and allowances for the concomitant overhead or indirect costs. Private schools as a group, and established schools in clusters 4 and 6 are more heavily involved in sponsored activities than public schools; the average recovery of indirect costs for private schools was more than twice the average for public schools. Sponsored activities and the resulting indirect costs recoveries for all developing schools are substantially below those of the established schools.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN MILLIONS OF DOLLARS) Less Than .5	.5-.99	1.0-1.49	1.5-2.49	2.5-3.99	4.0-6.99	Over 7	MILLIONS OF DOLLARS MEAN	MILLIONS OF DOLLARS TOTAL
ALL SCHOOLS	105	20	23	15	18	12	11	6	$2.1	$223.0
Public	61	15	17	9	10	5	5	-	1.4	86.3
Private	44	5	6	6	8	7	6	6	3.1	136.8
ESTABLISHED	80	8	16	13	16	11	10	6	2.5	201.1
Cluster 1	13	3	6	3	1	-	-	-	.9	11.6
Cluster 2	8	-	1	2	3	2	-	-	1.9	14.9
Cluster 3	13	2	2	2	3	3	1	-	1.9	24.4
Cluster 4	14	-	1	1	2	3	5	2	4.4	61.6
Cluster 5	17	3	5	5	4	-	-	-	1.0	17.7
Cluster 6	15	-	1	-	3	3	4	4	4.7	70.8
DEVELOPING	25	12	7	2	2	1	1	-	.9	22.0
Cluster 7	9	8	1	-	-	-	-	-	.2	1.7
Cluster 8	16	4	6	2	2	1	1	-	1.3	20.2

Note: Three schools were omitted because of insufficient data.

Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part I, 1975-76 (Variable number INR038 in Research-able Data Base)

TABLE Fin. 10

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
INCOME FROM STUDENT TUITION AND FEES, 1975-76

Although public medical school enrollment exceeds that of the private schools, income from tuition is substantially less -- in total and in the school average, reflecting the substantially lower tuition charges at public medical schools. This differential in school income is more than made up by the differential in the average and total amount of state government support provided the public schools compared with private schools. (See Table Fin. 7)

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN MILLIONS OF DOLLARS) Less Than .1	.1-.29	.3-.49	.5-.99	1.0-1.99	2.0-2.99	3.0-3.99	Over 4	MILLIONS OF DOLLARS MEAN	TOTAL
ALL SCHOOLS	105	6	14	12	17	24	19	8	5	$1.5	$154.0
Public	59	6	14	11	13	12	2	1	-	.7	41.8
Private	46	-	-	1	4	12	17	7	5	2.4	112.2
ESTABLISHED	81	2	4	8	13	23	18	8	5	1.8	143.1
Cluster 1	13	1	-	5	5	1	1	-	-	.7	9.2
Cluster 2	8	-	-	1	-	5	1	1	-	1.8	14.0
Cluster 3	13	-	4	1	4	4	-	-	-	.7	9.4
Cluster 4	14	1	-	1	2	3	1	4	2	2.4	32.9
Cluster 5	18	-	-	-	2	6	6	1	3	2.4	42.9
Cluster 6	15	-	-	-	-	4	9	2	-	2.3	34.6
DEVELOPING	24	4	10	4	4	1	1	-	-	.5	11.0
Cluster 7	10	2	5	2	1	-	-	-	-	.3	2.9
Cluster 8	14	2	5	2	3	1	1	-	-	.6	8.0

Note: Three schools were omitted because of insufficient data.

Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part I, 1975-76 (Variable number INR009 in Researchable Data Base)

TABLE Fin. 11

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
TOTAL EXPENDITURES FOR SPONSORED PROGRAMS, 1975-76

About two-thirds of the $1.6 billion total of expenditures for sponsored activities -- such as research, training, and community service programs -- is provided by the Federal Government. Private medical schools received on the average 50 percent more than the mean for publicly owned schools. Five established and 15 developing schools had sponsored activities of less than $5 million each. Six established schools (five in cluster 4 and 1 in cluster 6) spent more than $40 million each on activities sponsored by Federal, State, and private agencies. Among schools in development prior to 1972, sponsored activities on the average totalled about one-half the average for all schools (cluster 7); for the more recently developed schools, the average sponsored activities were about one-seventh the total.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN MILLIONS OF DOLLARS)									MILLIONS OF DOLLARS	
		Less Than 5	5-9.99	10-14.99	15-19.99	20-24.99	25-29.99	30-34.99	35-39.99	Over 40	MEAN	TOTAL
ALL SCHOOLS	108	20	29	22	11	9	4	5	2	6	$14.6	$1,579.7
Public	62	14	18	15	4	6	-	2	1	2	12.0	741.4
Private	46	6	11	7	7	3	4	3	1	4	18.2	838.3
ESTABLISHED	81	5	20	21	9	9	4	5	2	6	17.7	1,432.8
Cluster 1	13	-	7	6	-	-	-	-	-	-	9.3	121.2
Cluster 2	8	-	1	5	1	1	-	-	-	-	13.8	110.2
Cluster 3	13	1	2	4	2	3	-	1	-	-	15.2	197.9
Cluster 4	14	-	1	1	-	3	1	2	1	5	34.3	480.8
Cluster 5	18	4	9	4	1	-	-	-	-	-	7.8	141.2
Cluster 6	15	-	-	1	5	2	3	2	1	1	25.4	381.6
DEVELOPING	27	15	9	1	2	-	-	-	-	-	5.4	147.0
Cluster 7	10	9	1	-	-	-	-	-	-	-	2.5	25.2
Cluster 8	17	6	8	1	2	-	-	-	-	-	7.2	121.7

Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part I, 1975-76 (Variable number INR009 in Researchable Data Base)

TABLE Fin. 12

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
FEDERAL FUNDS FOR SPONSORED PROGRAMS, 1975-76

Federal agencies provided two-thirds of the total support to medical schools for sponsored research, teaching and training, and service activities. Federal funds, excluding recovery of indirect costs, accounted for 30 percent of the total medical school income.

The 29 schools (8 public and 21 private) in clusters 4 and 6 together received 50 percent of all Federal funds restricted for specific sponsored activities; the average amount received by the schools in these groups was almost twice the national average.

More than three-fifths of Federal restricted funds supported biomedical research conducted in medical school laboratories and clinics; research training programs and capitation support for undergraduate medical students accounted for one-fourth, and the remaining 10 percent of Federal restricted funds supported multipurpose and service activities.

NUMBER OF SCHOOLS IN EACH RANGE
(RANGE IN MILLIONS OF DOLLARS)

SCHOOL GROUPINGS	NUMBER	Less Than 2	2-3.99	4-5.99	6-7.99	8-9.99	10-14.99	15-19.99	20-24.99	25-29.99	Over 30	—MILLIONS OF DOLLARS— MEAN	TOTAL
ALL SCHOOLS	108	8	17	21	10	19	8	10	9	5	1 1	$ 9.6	$1,038.2
Public	62	8	10	12	5	14	3	6	3	-	1	8.0	494.4
Private	46	-	7	9	5	5	5	4	6	5	-	11.8	543.8
ESTABLISHED	81	-	10	12	10	18	8	8	9	5	1	11.4	924.5
Cluster 1	13	-	3	4	1	4	1	-	-	-	-	6.5	84.3
Cluster 2	8	-	-	1	1	6	-	-	-	-	-	7.9	63.3
Cluster 3	13	-	2	1	-	4	1	5	-	-	-	11.2	145.0
Cluster 4	14	-	-	-	3	1	1	2	4	2	1	18.1	252.8
Cluster 5	18	-	5	6	5	1	1	-	-	-	-	5.7	103.4
Cluster 6	15	-	-	-	-	2	4	1	5	3	-	18.4	275.8
DEVELOPING	27	8	7	9	-	1	-	2	-	-	-	4.2	113.7
Cluster 7	10	6	3	1	-	-	-	-	-	-	-	2.0	20.1
Cluster 8	17	2	4	8	-	1	-	2	-	-	-	5.5	93.6

Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part I, 1975-76 (Variable number INC090 in Researchable Data Base)

TABLE Fin. 13

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
STATE AND LOCAL GOVERNMENT FUNDS FOR SPONSORED PROGRAMS, 1975-76

More than half of all state and local government support for specific activities was channeled to the 14 schools (7 public, 7 private) in cluster 4.

Community service and multi-purpose activities accounted for four-fifths of state and local government funds for sponsored programs; one-fifth of state and local restricted funds supported research activity and special teaching and training programs.

In total, state and local government agencies provided 15 percent of the dollar total of all restricted funds provided to medical schools for specific activities.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN MILLIONS OF DOLLARS) 0	Less Than .1	.1-.199	.2-.499	.5-.999	1.0-1.99	2.0-3.99	4.0-6.99	Over 7	MILLIONS OF DOLLARS MEAN	MILLIONS OF DOLLARS TOTAL
ALL SCHOOLS	108	13	17	14	14	12	12	11	8	7	$2.1	$224.8
Public	62	4	9	6	10	11	5	7	7	3	1.7	106.6
Private	46	9	8	8	4	1	7	4	1	4	2.6	118.2
ESTABLISHED	81	10	8	8	10	9	11	11	7	7	2.6	214.0
Cluster 1	13	1	-	-	3	2	4	1	2	-	1.5	19.0
Cluster 2	8	-	1	-	2	-	-	3	1	1	3.2	25.5
Cluster 3	13	1	-	2	1	5	-	2	1	1	2.2	28.8
Cluster 4	14	1	1	1	-	-	1	3	2	5	8.4	117.4
Cluster 5	18	7	5	1	1	-	4	-	-	-	.4	6.6
Cluster 6	15	-	1	4	3	2	2	2	1	-	1.1	16.7
DEVELOPING	27	3	9	6	4	3	1	-	1	-	.4	10.8
Cluster 7	10	1	5	3	-	1	-	-	-	-	.2	1.7
Cluster 8	17	2	4	3	4	2	1	-	1	-	.5	9.0

Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part I, 1975-76 (Variable number INC091 in Researchable Data Base)

TABLE Fin. 14

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
NONGOVERNMENT FUNDS FOR SPONSORED PROGRAMS, 1975-76

Gifts, endowment income, and funds from voluntary health organizations, philanthropic foundations, and corporations solely for the support of specific activities totalled $317 million, or one-fifth of all funds for restricted purposes. Almost half of these nongovernment funds financed biomedical research investigations by medical school faculty; about one-third supported the community service and health programs conducted by the medical schools, and one-fifth of the funds contributed to the support of specific teaching activities.

The 29 schools in cluster 4 and 6 received two-thirds of all nongovernment funds for sponsored programs.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN MILLIONS OF DOLLARS)												—MILLIONS OF DOLLARS—	
		Less Than .250	.250-.499	.500-.999	1.0-1.49	1.5-1.99	2.0-2.49	2.5-2.99	3.0-3.99	4.0-4.99	5.0-5.99	6.0-9.99	Over 10	MEAN	TOTAL
ALL SCHOOLS	108	9	10	19	11	13	7	8	6	8	5	6	6	$2.9	$316.7
Public	62	7	7	13	8	9	3	3	3	2	3	1	3	2.3	140.5
Private	46	2	3	6	3	4	4	5	3	6	2	5	3	3.8	176.2
ESTABLISHED	81	2	5	12	9	10	6	7	5	8	5	6	6	3.6	294.3
Cluster 1	13	-	-	6	3	2	1	-	1	-	-	-	-	1.4	17.9
Cluster 2	8	-	-	-	3	2	-	2	-	-	-	1	-	2.7	21.4
Cluster 3	13	-	4	1	1	3	1	-	1	1	1	-	-	1.9	24.1
Cluster 4	14	-	-	-	-	1	-	2	1	2	3	1	4	7.9	110.6
Cluster 5	18	2	1	5	2	1	2	1	2	2	-	-	-	1.7	31.2
Cluster 6	15	-	-	-	-	1	2	2	-	3	1	4	2	5.9	89.1
DEVELOPING	27	7	5	7	2	3	1	1	1	-	-	-	-	.8	22.4
Cluster 7	10	7	2	-	-	1	-	-	-	-	-	-	-	.3	3.4
Cluster 8	17	-	3	7	2	2	1	1	1	-	-	-	-	1.1	19.0

Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part I, 1975-76 (Variable number INC092 in Researchable Data Base)

TABLE Fin. 15

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
EXPENDITURES FOR SPONSORED RESEARCH, 1975-76

Medical school sponsored research programs averaged about $8 million per school. But one out of three medical schools had programs of less than $1 million each. In contrast, one out of five schools each had programs exceeding $15 million. All but two of these schools were established schools in clusters 4 and 6, and these schools brought the means for these clusters to $16 million. All public medical schools had research programs averaging $6 million, about three-fifths the average for all private schools.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN MILLIONS OF DOLLARS) Less Than 1	1-1.99	2-2.99	3-3.99	4-4.99	5-5.99	6-9.99	10-14.99	15-19.99	20-24.99	Over 25	MEAN —MILLIONS OF DOLLARS—	TOTAL
ALL SCHOOLS	108	12	11	13	6	12	11	13	11	7	7	5	$ 7.6	$822.5
Public	62	8	7	12	3	7	7	6	6	2	3	1	5.9	364.3
Private	46	4	4	1	3	5	4	7	5	5	4	4	10.0	458.3
ESTABLISHED	81	3	8	7	5	9	8	13	10	6	7	5	9.1	736.0
Cluster 1	13	-	3	3	2	2	1	2	-	-	-	-	3.6	47.2
Cluster 2	8	-	-	-	1	1	3	3	-	-	-	-	5.8	46.8
Cluster 3	13	-	2	1	-	2	1	2	4	1	-	-	7.4	96.4
Cluster 4	14	-	-	2	-	1	-	1	2	2	3	3	16.5	231.6
Cluster 5	18	3	3	1	2	3	2	3	1	-	-	-	3.9	69.8
Cluster 6	15	-	-	-	-	-	1	2	3	3	4	2	16.3	244.2
DEVELOPING	27	9	3	6	1	3	3	-	1	1	-	-	3.2	86.5
Cluster 7	10	8	-	1	-	1	-	-	-	-	-	-	1.1	11.3
Cluster 8	17	1	3	5	1	2	3	-	1	1	-	-	4.4	75.3

Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part I, 1975-76 (Variable number INR047 in Research-able Data Base)

TABLE Fin. 16

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
EXPENDITURES FOR SPONSORED TEACHING AND TRAINING, 1975-76

Five developing schools received less than $1 million each for sponsored teaching and training programs, reflecting their small enrollments and, thus eligibility for Federal capitation awards. In contrast, the mean for established schools in clusters 2, 4, and 6 exceeded the overall average by two-thirds. These schools either have large undergraduate medical school enrollments or are more heavily involved in pre and post doctoral training programs, sponsored by the Federal Government, for careers in research.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN MILLIONS OF DOLLARS)									—MILLIONS OF DOLLARS—	
		Less Than 1	1-1.49	1.5-1.99	2.0-2.49	2.5-2.99	3.0-3.99	4.0-4.99	5.0-5.99	6.0-6.99	Over 7	MEAN	TOTAL
ALL SCHOOLS	108	6	16	18	6	15	12	9	11	7	8	$3.4	$370.3
Public	62	6	10	11	3	6	9	5	3	5	4	3.2	200.9
Private	46	-	6	7	3	9	3	4	8	2	4	3.7	169.3
ESTABLISHED	81	1	7	12	3	13	11	8	11	7	8	4.0	326.6
Cluster 1	13	-	2	3	1	3	2	1	1	-	-	2.6	34.1
Cluster 2	8	-	-	1	1	1	1	-	-	2	2	5.3	42.6
Cluster 3	13	1	1	1	-	1	4	3	-	2	-	3.7	47.9
Cluster 4	14	-	-	2	-	1	2	-	5	1	3	5.4	75.9
Cluster 5	18	-	4	4	1	6	-	2	1	-	-	2.5	45.9
Cluster 6	15	-	-	1	-	1	2	2	4	2	3	5.3	80.1
DEVELOPING	27	5	9	6	3	2	1	1	-	-	-	1.6	43.7
Cluster 7	10	3	3	3	1	-	-	-	-	-	-	1.3	12.6
Cluster 8	17	2	6	3	2	2	1	1	-	-	-	1.8	31.1

Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part I, 1975-76 (Variable number INR049 in Researchable Data Base)

TABLE Fin. 17

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
EXPENDITURES FOR SPONSORED MULTI-PURPOSE AND SERVICE PROGRAMS, 1975-76

The nation's private medical schools are, on the average, the recepients of larger amounts than public schools for the conduct of community service programs and activities that combine research, training and health care. The fourteen established schools in cluster 4 account for almost one-half of the total dollars for these sponsored programs, with a mean almost three times the over-all average. Substantially smaller programs are located in the schools in the process of development; one-third of these institutions do not receive funds for these sponsored programs.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN MILLIONS OF DOLLARS) 0	Less Than .5	.5-.99	1.0-1.49	1.5-2.49	2.5-3.49	3.5-4.49	4.5-5.99	6.0-9.99	Over 10	MILLIONS OF DOLLARS MEAN excl zero	MEAN incl zero	TOTAL
ALL SCHOOLS	108	15	17	10	12	10	9	11	9	6	9	$ 4.2	$ 3.6	$386.9
Public	62	7	10	7	6	8	5	4	8	4	3	3.2	2.8	176.2
Private	46	8	7	3	6	2	4	7	1	2	6	5.5	4.6	210.6
ESTABLISHED	81	6	10	3	10	9	9	11	8	6	9	4.9	4.6	370.2
Cluster 1	13	-	1	-	2	3	3	2	1	1	-	3.1	3.1	39.8
Cluster 2	8	-	3	1	-	-	-	2	1	1	-	2.6	2.6	20.7
Cluster 3	13	1	-	-	2	3	1	2	2	-	2	4.5	4.1	53.7
Cluster 4	14	-	-	-	1	1	1	-	3	2	6	12.4	12.4	173.3
Cluster 5	18	4	4	1	3	1	2	2	1	-	-	1.8	1.4	25.4
Cluster 6	15	1	2	1	2	1	2	3	-	2	1	4.1	3.8	57.2
DEVELOPING	27	9	7	7	2	1	-	-	1	-	-	.9	.6	16.7
Cluster 7	10	5	4	1	-	-	-	-	-	-	-	.3	.1	1.4
Cluster 8	17	4	3	6	2	1	-	-	1	-	-	1.2	.9	15.4

Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part I, 1975-76 (Variable number INR050 in Researchable Data Base)

TABLE Fin. 18

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
EXPENDITURES FOR INSTRUCTION AND DEPARTMENTAL RESEARCH, 1975-76

Instruction and departmental research accounted for one-third of total medical school expenditures. But for established schools in clusters 4 and 6, instruction and departmental research expenditures amounted to one-fifth to one-fourth of the total expenditures of these schools, since they are heavily engaged in sponsored programs of research and research training. Developing schools spent about two-fifths of their total outlays for instruction and departmental research.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN MILLIONS OF DOLLARS)								MILLIONS OF DOLLARS	
		Less Than 3	3-4.99	5-5.99	6-7.99	8-9.99	10-11.99	12-14.99	15-19.99	Over 20	MEAN	TOTAL
ALL SCHOOLS	108	11	13	10	10	18	14	17	10	5	$ 9.8	$1,057.6
Public	62	5	6	5	7	11	9	7	8	4	10.5	650.0
Private	46	6	7	5	3	7	5	10	2	1	8.9	407.6
ESTABLISHED	81	4	7	9	9	12	11	14	10	5	10.8	877.1
Cluster 1	13	-	-	2	3	4	3	-	1	-	9.1	118.5
Cluster 2	8	-	-	-	1	1	1	2	2	1	14.3	114.2
Cluster 3	13	1	1	1	-	1	2	2	3	2	13.2	171.7
Cluster 4	14	-	1	1	3	1	1	4	2	1	12.1	170.0
Cluster 5	18	3	4	4	2	2	2	1	-	-	6.2	110.7
Cluster 6	15	-	1	1	-	3	2	5	2	1	12.8	191.9
DEVELOPING	27	7	6	1	1	6	3	3	-	-	6.7	180.5
Cluster 7	10	5	3	-	-	2	-	-	-	-	4.3	42.9
Cluster 8	17	2	3	1	1	4	3	3	-	-	8.1	137.6

Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part I, 1975-76 (Variable number INR045 in Researchable Data Base)

TABLE Fin. 19

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
EXPENDITURES FOR ADMINISTRATION AND OTHER GENERAL PURPOSES, 1975-76

Expenditures for administering medical school activities averaged close to $3 million per school. Established schools in clusters 2, 4, and 6 with large programs in undergraduate medical education, sponsored activities in research, research training, or community service had administrative and general costs substantially greater than the average for all schools. One out of three developing schools, and one out of four established schools each reported administrative costs of less than $1.5 million.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN MILLIONS OF DOLLARS) Less Than .74	.75-1.49	1.5-1.99	2.0-2.49	2.5-2.99	3.0-3.49	3.5-3.99	4.0-4.49	4.5-5.99	Over 6	—MILLIONS OF DOLLARS— MEAN	TOTAL
ALL SCHOOLS	108	6	23	16	12	11	9	6	9	8	8	$2.8	$303.6
Public	62	4	11	13	9	5	4	4	4	4	4	2.6	163.7
Private	46	2	12	3	3	6	5	2	5	4	4	3.0	139.8
ESTABLISHED	81	4	15	9	7	9	8	6	8	7	8	3.1	252.7
Cluster 1	13	1	1	3	3	-	1	3	1	-	-	2.5	32.9
Cluster 2	8	-	-	-	-	1	-	2	1	3	1	4.7	37.4
Cluster 3	13	1	5	1	-	2	3	-	1	-	-	2.1	27.5
Cluster 4	14	-	-	2	-	1	2	-	1	3	5	4.8	66.7
Cluster 5	18	2	7	2	2	3	1	1	-	-	-	1.9	34.0
Cluster 6	15	-	2	1	2	2	1	-	4	1	2	3.6	54.3
DEVELOPING	27	2	8	7	5	2	1	-	1	1	-	1.9	50.9
Cluster 7	10	2	3	2	2	1	-	-	-	-	-	1.4	14.2
Cluster 8	17	-	5	5	3	1	1	-	1	1	-	2.2	36.7

Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part I, 1975-76 (Variable number INR054 in Researchable Data Base)

TABLE Fin. 20

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
EXPENDITURES FOR PHYSICAL PLANT OPERATION AND MAINTENANCE, 1975-76

Expenditures for heating, air conditioning, utilities, and maintenance of buildings and grounds averaged $1.7 million per school. For a few institutions, this expenditure is zero or as low as reported because all or parts of it are included in the services provided to the school by the parent institution, and cannot be otherwise identified.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN MILLIONS OF DOLLARS) 0	Less Than .5	.5-.99	1.0-1.49	1.5-1.99	2.0-2.99	3.0-3.99	Over 4	MILLIONS OF DOLLARS MEAN	TOTAL
ALL SCHOOLS	108	6	8	27	24	10	11	15	7	$1.7	$183.9
Public	62	3	6	14	18	8	5	4	4	1.5	95.6
Private	46	3	2	13	6	2	6	11	3	1.9	88.4
ESTABLISHED	81	3	3	20	18	8	9	14	6	1.9	152.4
Cluster 1	13	-	1	4	5	2	1	-	-	1.2	15.3
Cluster 2	8	-	-	-	1	1	-	5	1	3.1	25.2
Cluster 3	13	1	1	4	3	3	-	1	-	1.2	16.0
Cluster 4	14	-	-	-	4	1	2	3	4	3.0	42.1
Cluster 5	18	-	1	10	4	1	2	-	-	1.1	19.8
Cluster 6	15	2	-	2	1	-	4	5	1	2.3	34.0
DEVELOPING	27	3	5	7	6	2	2	1	1	1.2	31.5
Cluster 7	10	2	3	3	2	-	-	-	-	.5	5.2
Cluster 8	17	1	2	4	4	2	2	1	1	1.5	26.3

Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part I, 1975-76 (Variable number INR053 in Researchable Data Base)

TABLE Fin. 21

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
INCOME FROM STATE GOVERNMENTS AS PERCENT OF TOTAL REVENUE, 1975-76

For public schools, funds from state governments provided, on the average, two out of five dollars of the schools' total revenue; for private schools, state governments support amounted to one out of twenty dollars of total revenue. The developing schools in cluster 7 (8 public and two private) which enrolled students for the doctor of medicine degree for the first time in 1971-72 or after received more than half their total income from state governments.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN PERCENT OF TOTAL REVENUE)												PERCENT OF TOTAL REVENUE
		0	Less Than 2	2-4.99	5-7.99	8-14.99	15-19.99	20-24.99	25-29.99	30-34.99	35-39.99	40-44.99	Over 45	MEAN
ALL SCHOOLS	108	15	6	7	6	9	12	7	5	6	3	7	25	25.4
Public	62	-	-	-	-	2	7	7	5	6	3	7	25	40.5
Private	46	15	6	7	6	7	5	-	-	-	-	-	-	5.0
ESTABLISHED	81	15	5	6	5	7	11	5	5	6	2	4	10	18.9
Cluster 1	13	-	-	-	-	-	-	1	2	4	1	3	2	36.7
Cluster 2	8	-	-	-	-	1	1	-	-	1	-	-	5	39.9
Cluster 3	13	-	-	-	-	1	4	3	2	-	1	-	2	26.4
Cluster 4	14	1	1	2	2	2	1	1	1	1	-	1	1	17.1
Cluster 5	18	8	1	2	2	1	4	-	-	-	-	-	-	5.7
Cluster 6	15	6	3	2	1	2	1	-	-	-	-	-	-	3.2
DEVELOPING	27	-	1	1	1	2	1	2	-	-	1	3	15	44.9
Cluster 7	10	-	-	-	1	-	1	-	-	-	-	1	7	55.6
Cluster 8	17	-	1	1	-	2	-	2	-	-	1	2	8	38.7

Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part I, 1975-76 (Variable numbers INR011, INR012, INR013 and INC004 in Researchable Data Base)

TABLE Fin. 22

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
INCOME FROM PROFESSIONAL PRACTICE PLANS AS PERCENT OF TOTAL REVENUE, 1975-76

Excluding the twenty-two schools that reported no income from professional practice plans, the 81 schools reporting such income received on the average almost 15 percent of their total revenue from the clinical practice of their faculty. The established schools in clusters 3 and 5 received about one-fifth of total revenue from the involvement of their faculty in patient care.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN PERCENT OF TOTAL REVENUE) 0	Less Than 2	2-4.99	5-7.99	8-14.99	15-19.99	20-24.99	25-29.99	Over 30	PERCENT OF TOTAL REVENUE MEAN excl zero	MEAN incl zero
ALL SCHOOLS	103	22	5	11	8	22	11	11	8	5	14.5	11.4
Public	58	11	3	9	7	9	7	7	3	2	13.1	10.6
Private	45	11	2	2	1	13	4	4	5	3	16.5	12.4
ESTABLISHED	78	13	3	6	8	19	8	9	8	4	15.2	12.7
Cluster 1	11	1	-	1	4	1	1	2	1	-	12.9	11.7
Cluster 2	8	2	1	1	-	3	-	1	-	-	10.6	7.9
Cluster 3	13	1	-	1	-	4	1	3	1	2	19.9	18.4
Cluster 4	14	3	1	1	3	3	1	-	2	-	10.6	8.4
Cluster 5	18	6	1	-	1	2	2	3	1	2	18.9	12.6
Cluster 6	14	-	-	2	-	6	3	-	3	-	15.5	15.5
DEVELOPING	25	9	2	5	-	3	3	2	-	1	11.4	7.3
Cluster 7	10	6	2	2	-	-	-	-	-	-	2.2	.9
Cluster 8	15	3	-	3	-	3	3	2	-	1	14.5	11.6

Note: Five schools were omitted because of insufficient data.

Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part I, 1975-76 (Variable numbers INR041 and INC004 in Researchable Data Base)

TABLE Fin. 23

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
INCOME FROM RECOVERY OF INDIRFCT COSTS AS PERCENT OF TOTAL REVENUE, 1975-76

Payment for indirect costs incurred in conducting sponsored activities of research, teaching, and community service amounted to an average of almost 6 percent of the total revenue for all medical schools. The greater involvement of the private schools in such activities resulted in higher average indirect cost recoveries of almost 8 percent of total revenue for this group, as compared with 4 percent for public schools.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN PERCENT OF TOTAL REVENUE)											PERCENT OF TOTAL REVENUE
		Less Than 2	2-2.99	3-3.99	4-4.99	5-5.99	6-6.99	7-7.99	8-8.99	9-9.99	10-14.99	Over 15	MEAN
ALL SCHOOLS	105	11	12	14	14	12	10	7	7	4	13	1	5.7
Public	61	10	10	11	10	8	5	2	2	-	3	-	4.3
Private	44	1	2	3	4	4	5	5	5	4	10	1	7.7
ESTABLISHED	80	4	10	10	12	7	9	6	7	3	11	1	6.2
Cluster 1	13	1	5	2	3	-	1	1	-	-	-	-	3.7
Cluster 2	8	1	-	2	2	1	-	1	-	-	1	-	5.2
Cluster 3	13	1	2	3	2	-	2	1	1	-	1	-	5.1
Cluster 4	14	-	1	1	2	2	3	-	2	-	3	-	7.1
Cluster 5	17	1	1	2	3	2	2	1	3	1	1	-	5.9
Cluster 6	15	-	1	-	-	2	1	2	1	2	5	1	9.1
DEVELOPING	25	7	2	4	2	5	1	1	-	1	2	-	4.3
Cluster 7	9	5	1	2	-	1	-	-	-	-	-	-	2.2
Cluster 8	16	2	1	2	2	4	1	1	-	1	2	-	5.5

Note: Three schools were omitted because of insufficient data.

Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part I, 1975-76 (Variable numbers INR038 and INC004 in Researchable Data Base)

TABLE Fin. 24

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
INCOME FROM STUDENT TUITION AND FEES AS PERCENT OF TOTAL REVENUE, 1975-76

Private medical schools received on the average almost 10 percent of their total revenue from student tuition and fees, an average about 4 times the mean for all public schools. Almost half the number of public schools received on the average less than 2 percent of their income from tuition; half the number of private schools received more than 8 percent, with four of these schools receiving more than 20 percent of their income from tuition.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN PERCENT OF TOTAL REVENUE)									PERCENT OF TOTAL REVENUE
		Less Than 2	2-2.99	3-3.99	4-5.99	6-7.99	8-9.99	10-14.99	15-19.99	Over 20	MEAN
ALL SCHOOLS	105	25	15	16	17	9	5	9	5	4	5.7
Public	59	25	13	11	7	3	-	-	-	-	2.5
Private	46	-	2	5	10	6	5	9	5	4	9.8
ESTABLISHED	81	15	10	14	16	6	4	8	5	3	6.1
Cluster 1	13	3	4	4	1	1	-	-	-	-	3.0
Cluster 2	8	1	-	3	3	-	-	1	-	-	5.0
Cluster 3	13	8	3	-	2	-	-	-	-	-	2.0
Cluster 4	14	3	2	3	1	3	2	-	-	-	4.3
Cluster 5	18	-	-	1	1	1	-	7	5	3	14.2
Cluster 6	15	-	1	3	8	1	2	-	-	-	5.1
DEVELOPING	24	10	5	2	1	3	1	1	-	1	4.3
Cluster 7	10	4	1	1	-	3	-	1	-	-	3.8
Cluster 8	14	6	4	1	1	-	1	-	-	1	4.7

Note: Three schools were omitted because of insufficient data.

Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part I, 1975-76 (Variable numbers INR008 and INC004 in Researchable Data Base)

TABLE Fin. 25

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
INCOME FOR SPONSORED RESEARCH AS PERCENT OF TOTAL REVENUE, 1975-76

Sponsored research programs, on the average, accounted for more than one-fourth of the total revenue of all private medical schools; for all public schools this activity represented slightly less than one-fifth. The schools in cluster 6 (1 public, 14 private) received an average of one out of three dollars of total revenue for sponsored research activities.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN PERCENT OF TOTAL REVENUE)									PERCENT OF TOTAL REVENUE
		Less Than 6	6-9.99	10-14.99	15-19.99	20-24.99	25-29.99	30-34.99	35-44.99	Over 45	MEAN
ALL SCHOOLS	108	8	10	16	21	16	10	12	11	4	21.6
Public	62	4	10	12	13	11	3	6	3	-	17.8
Private	46	4	-	4	8	5	7	6	8	4	26.7
ESTABLISHED	81	3	7	11	18	10	8	12	9	3	22.9
Cluster 1	13	-	4	3	4	1	1	-	-	-	15.0
Cluster 2	8	-	1	1	4	2	-	-	-	-	16.7
Cluster 3	13	-	1	2	3	3	1	3	-	-	20.8
Cluster 4	14	-	1	2	1	2	2	2	4	-	26.5
Cluster 5	18	3	-	3	5	1	2	1	2	1	20.8
Cluster 6	15	-	-	-	1	1	2	6	3	2	34.2
DEVELOPING	27	5	3	5	3	6	2	-	2	1	17.7
Cluster 7	10	4	2	2	-	1	-	-	-	1	12.8
Cluster 8	17	1	1	3	3	5	2	-	2	-	20.6

Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part I, 1975-76 (Variable number INR047 and INC004 in Researchable Data Base)

TABLE Fin. 26

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
INCOME FOR SPONSORED TEACHING AND TRAINING AS PERCENT OF TOTAL REVENUE, 1975-76

Teaching and training programs --- undergraduate medical and post-doctoral --- supported by Federal and State agencies and other sponsored sources, including capitation awards, averaged more than ten percent of the total revenue for all medical schools. For 14 of the 108 schools, funds for these activities amounted to an average of more than one-fifth their total revenue.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN PERCENT OF TOTAL REVENUE)										PERCENT OF TOTAL REVENUE
		Less Than 5	5-5.99	6-6.99	7-7.99	8-8.99	9-9.99	10-11.99	12-14.99	15-19.99	20-24.99	Over 25	MEAN
ALL SCHOOLS	108	8	6	7	8	12	11	15	17	10	6	8	12.3
Public	62	6	3	6	8	5	4	7	9	5	6	3	11.7
Private	46	2	3	1	-	7	7	8	8	5	-	5	13.2
ESTABLISHED	81	2	4	4	7	11	10	12	15	8	3	5	12.2
Cluster 1	13	-	-	2	2	1	1	2	2	3	-	-	11.0
Cluster 2	8	-	-	1	1	1	1	-	2	-	1	1	13.5
Cluster 3	13	1	-	-	2	2	1	2	3	1	1	-	11.1
Cluster 4	14	1	2	1	2	1	2	4	-	1	-	-	9.2
Cluster 5	18	-	1	-	-	2	3	-	6	2	-	4	16.4
Cluster 6	15	-	1	-	-	4	2	4	2	1	1	-	11.2
DEVELOPING	27	6	2	3	1	1	1	3	2	2	3	3	12.8
Cluster 7	10	2	1	1	1	-	-	-	-	1	2	2	16.9
Cluster 8	17	4	1	2	-	1	1	3	2	1	1	1	10.3

Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part I, 1975-76 (Variable numbers INR049 and INC004 in Researchable Data Base)

TABLE Fin. 27

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
INCOME FOR MULTI-PURPOSE AND SERVICE PROGRAMS AS PERCENT OF TOTAL REVENUE, 1975-76

Programs providing health care and other services to the community, at the request and support of Government agencies -- Federal, State, and local -- account for one-tenth of all medical school revenues. Almost one-fourth of the total activities of the 14 established schools in cluster 4 was in sponsored service activities and programs bridging research, teaching, and service. To date, almost all the developing schools had not acquired the level of clinical and other resources necessary to engage in these sponsored service programs at the rate of the established institutions.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN PERCENT OF TOTAL REVENUE)											PERCENT OF TOTAL REVENUE
		0	Less Than 4	4-5.99	6-7.99	8-9.99	10-11.99	12-14.99	15-19.99	20-24.99	25-29.99	Over 30	MEAN
ALL SCHOOLS	108	15	25	13	11	5	8	5	10	4	5	7	9.9
Public	62	7	14	8	7	4	5	2	8	2	3	2	9.3
Private	46	8	11	5	4	1	3	3	2	2	2	5	10.6
ESTABLISHED	81	6	15	11	7	4	8	5	10	4	4	7	12.1
Cluster 1	13	-	1	2	1	-	2	1	4	2	-	-	13.4
Cluster 2	8	-	4	-	-	-	1	2	1	-	-	-	7.4
Cluster 3	13	1	-	2	2	2	3	-	1	-	-	2	13.8
Cluster 4	14	-	1	2	1	1	-	-	2	1	3	3	22.1
Cluster 5	18	4	4	2	1	1	2	1	2	1	-	-	6.8
Cluster 6	15	1	5	3	2	-	-	1	-	-	1	2	9.0
DEVELOPING	27	9	10	2	4	1	-	-	-	-	1	-	3.3
Cluster 7	10	5	4	-	1	-	-	-	-	-	-	-	1.1
Cluster 8	17	4	6	2	3	1	-	-	-	-	1	-	4.6

Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part I, 1975-76 (Variable number INR050 and INC004 in Researchable Data Base)

CLINICAL FACILITIES

In the course of study that leads to the M.D. degree and beyond, students must acquire a foundation of knowledge in the basic sciences and become familiar with the methods and skills utilized in the practice of clinical medicine.

Basic science instruction generally involves lectures and laboratory work and is conducted in facilities often clustered in the immediate vicinity of the school's basic science research laboratories and faculty offices. Instruction in the clinical sciences requires that students participate, under faculty supervision, in the care of patients; this activity must therefore take place in the hospitals and ambulatory care facilities where patients are treated.

In most schools, the student begins to be involved with patients in the freshman year, concurrently with his training in the basic sciences, and is exposed to a variety of cases which become increasingly complex as he progresses through the attainment of the M.D. degree and into the years of graduate medical education.

The number and mix of patients that are necessary to carry out a school's program of clinical instruction vary, depending on the number of students, the curriculum, the institution's goals, the involvement of other health professions education programs, and on the type of patients that are available for teaching.

In order to have access to a sufficient number of patients suitable for teaching, each medical school depends on collaborative arrangements with several teaching hospitals and with other health service facilities such as ambulatory clinics.[1]

Sixty of the 107 schools included in Table Cf-3 reported that they "own" from one to five hospitals each. This ownership may be vested in the school,

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1/Affiliations may be "major" or "limited" depending on the extent to which the clinical specialities and services of the hospital or ambulatory unit participate in the programs of the medical school. Affiliations

or in its parent institution, or in the state university system. Regardless of the form of ownership, administrative control over the hospital may not necessarily rest with the medical school; often, the hospital and the medical school report separately to higher managerial echelons of the university, and the relationship between the school and its "owned" hospital is similar to that which the school has with other not-owned affiliated facilities.

More public schools own hospitals than private schools: 62 percent versus 46 percent. Among the private schools ownership of hospitals is more prevalent among the older schools, probably because of the high capital investments that are now required for the construction of these facilities; also, teaching hospitals, and particularly the owned university hospitals, are often tertiary care institutions that must be equipped to perform the most difficult and sophisticated clinical procedures, and are therefore the most expensive to operate.

More significant than the number of hospitals that participate in a school's education program is the number of in-patients and out-patients that can be examined by the students. An indicator of the number of patients that can be hospitalized in any given day is the nominal bed capacity of the hospital. Not all beds are occupied by patients at all times, nor are all patients suitable or willing to be examined and/or attended by students; but generally, the number of patients actually available for teaching is in some proportion to the number of beds.

Table Cf-2, column 3, shows how the number of beds in the combination of owned hospitals and major affiliated hospitals relates to the schools in the eight clusters. Private schools, in the aggregate, reported more beds per school than public schools. However, 24 of the 62 public schools are developing institutions which, as a group, have a lower average for the bed-count. The older public schools, such as those in cluster 1, composed exclusively of

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1/ (continued from page 149) that concern only residency programs are usually called "graduate". This definition is used in the Liaison Committee on Medical Education Annual Medical School Questionnaire, Part II, which is the source for the data used in this report. Based on the definition, each school determines in which category its onw clinical affiliations are to be reported.

public schools, report an average number of beds higher than that for the aggregate of private schools. The relationship between number of beds and students is evident in column (3) of table Cf-2 which shows that the group of schools with the highest enrollment - those in cluster 2 - also ranks highest in average number of beds, while the schools in cluster 3 which are characterized by low student enrollment - also have, as a group, the lowest bed-count average.

An index for the number of ambulatory cases potentially available for teaching is the number of outpatient visits per year in the owned and affiliated clinical facilities. As in the case of hospitalized patients, not all ambulatory patients are suitable for teaching, and in fact, the statistics reported on column (6) of table Cf-2 may be overstated becasue they could include significant numbers of patients that are seen in the affiliated hospitals but who are not participating in the medical education programs of the school. Conversely, there could be significant gaps in the number of visits reported because the programs of instruction in clinical specialities that involve ambulatory care tend to be dispersed well beyond the confines of the hospital clinics. Numbers of outpatient visits are a quantity which fluctuates and which must be collected at the many places where patients are seen, such as the large clinics, the neighborhood health centers, the physician's office, the emergency rooms, etc. Evidence of the difficulty that the schools experience in the collection of this kind of information can be seen in the relatively small number of schools -- 66 in all -- that were able to report any data. The mean values reported on Table Cf-2, columns (4), (5) and (6) should therefore be viewed in the context of those qualifications. Again, the schools with large student bodies, those in clusters 2 and 4, have higher average numbers of outpatient visits; the cluster of newest developing schools reported the fewest number, as it is logical to expect.

In closing this chapter on clinical facilities, mention must be made of hospitals that participate in the instruction of students through limited affiliations. Columns (4) and (5) of Table Cf-1 appear to indicate that, together, these hospitals have the potential for doubling the number of facilities that have major affiliations with the schools, but it should be remembered that the sources of the data are the medical schools, and that a hospital reported by a school as a limited or graduate

affiliation may well be the major affiliated facility of another school.

The Directory of the Council of Teaching Hospitals lists 1974 data on 303 non-federal hospitals. Not included in that number are data for 93 additional COTH institutions that did not provide information. The 303 COTH hospitals that reported in 1974 account for a total 170,363 beds, and 40,753,042 total outpatients visits per year. The difference between the information reported in the COTH directory and that reported in tables Cf-10 and Cf-13 can be attributed to the missing data of non-reporting institutions, plus the multiple counting noted earlier.

TABLE Cf. 1

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
NUMBER OF CLINICAL FACILITIES OWNED OR AFFILIATED WITH MEDICAL SCHOOLS, 1975-76

SCHOOL GROUPINGS	Means in number of facilities per school				
	Owned	Major affiliated	Combined owned & affiliated	Limited affiliated	Graduate affiliated
	(1)	(2)	(3)	(4)	(5)
ALL SCHOOLS	1.4	5.5	6.3	4.0	3.5
Public	1.4	5.1	6.0	4.6	3.1
Private	1.3	6.0	6.6	3.3	4.1
ESTABLISHED	1.4	5.7	6.6	3.8	3.6
Cluster 1	1.3	5.5	6.5	3.8	3.3
Cluster 2	1.6	[illegible]	8.4	5.0	3.5
Cluster 3	1.5	4.8	5.8	4.2	3.0
Cluster 4	1.2	6.3	7.1	3.3	4.6
Cluster 5	1.4	6.1	6.9	3.4	2.4
Cluster 6	1.7	4.8	5.6	3.7	4.9
DEVELOPING	1.1	4.8	5.2	4.6	2.6
Cluster 7	1.0	3.9	4.1	6.3	-
Cluster 8	1.1	5.3	5.8	3.3	2.6

Source: Column (1) - Table Cf.-3
Column (2) - Table Cf.-4
Column (3) - Table Cf.-5
Column (4) - Table Cf.-6
Column (5) - Table Cf.-7

TABLE Cf. 2

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
NUMBER OF BEDS AND OUTPATIENT VISITS PER YEAR IN CLINICAL FACILITIES
OWNED BY OR AFFILIATED WITH MEDICAL SCHOOLS, 1975-76

SCHOOL GROUPINGS	Means in number of beds per school			Means in number of visits per school		
	Beds in owned facilities	Beds in major affiliated facilities	Combined beds in owned and affiliated facilities	OP visits in owned facilities	OP visits in major affiliated facilities	Combined OP visits in owned and major affil. facil.
	(1)	(2)	(3)	(4)	(5)	(6)
ALL SCHOOLS	600	2,800	3,100	144,000	589,000	678,000
Public	600	2,700	2,900	154,000	607,000	710,000
Private	500	3,000	3,500	124,000	562,000	630,000
ESTABLISHED	600	3,000	3,400	156,000	573,000	679,000
Cluster 1	500	3,100	3,800	132,000	520,000	641,000
Cluster 2	700	4,300	4,5[illegible]	167,000	818,000	914,000
Cluster 3	600	2,400	2,50[illegible]	189,000	457,000	586,000
Cluster 4	600	3,500	3,900	171,000	1,067,000	1,201,000
Cluster 5	500	2,500	2,900	113,000	434,000	486,000
Cluster 6	700	2,600	2,900	151,000	512,000	603,000
DEVELOPING	500	2,300	2,200	94,000	642,000	675,000
Cluster 7	500	1,600	1,800	66,000	329,000	348,000
Cluster 8	500	2,700	2,400	110,000	756,000	795,000

Source: Column (1) - Table Cf.-8
Column (2) - Table Cf.-9
Column (3) - Table Cf.10

Column (4) - Table Cf.-11
Column (5) - Table Cf.-12
Column (6) - Table Cf.-13

TABLE Cf. 3

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
NUMBER OF HOSPITALS OWNED BY THE MEDICAL SCHOOL , 1975-76[1]

Little over half of all schools own teaching hospitals, directly or through their parent institution. As can be seen by the means that include zero range, the incidence of ownership is more frequent among public schools. For private schools, ownership of the hospital occurs more frequently among the older schools. The means that include zero range are higher for cluster 1, composed exclusively of public schools, and cluster 2, which includes the oldest and largest schools.

		NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN NUMBER OF OWNED HOSPITALS)						NUMBER OF HOSPITALS		
SCHOOL GROUPINGS	NUMBER	0	1	2	3	4	5	MEAN excluding zero range	MEAN including zero range	TOTAL
ALL SCHOOLS	107	47	47	8	2	2	1	1.4	.8	82
Public	62	23	31	4	2	1	1	1.4	.9	54
Private	45	24	16	4	-	1	-	1.3	.6	28
ESTABLISHED	80	31	37	7	2	2	1	1.4	.9	70
Cluster 1	13	3	9	-	-	1	-	1.3	1.0	13
Cluster 2	8	3	3	1	1	-	-	1.6	1.0	8
Cluster 3	13	5	7	-	-	-	1	1.5	.9	12
Cluster 4	14	5	7	2	-	-	-	1.2	.8	11
Cluster 5	18	8	8	1	-	1	-	1.4	.8	14
Cluster 6	14	7	3	3	1	-	-	1.7	.9	12
DEVELOPING	27	16	10	1	-	-	-	1.1	.4	12
Cluster 7	10	7	3	-	-	-	-	1.0	.3	3
Cluster 8	17	9	7	1	-	-	-	1.1	.5	9

[1] Includes hospitals owned by medical schools' parent institutions or by states' university systems.
Note: One school was omitted because of insufficient data.
Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part II, 1975-76.
(Variable number INR080 in Researchable Data Base)

TABLE Cf. 4

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
NUMBER OF HOSPITALS WITH MAJOR AFFILIATIONS WITH MEDICAL SCHOOLS, 1975-76

On the average, private schools have more affiliations than public probably because they own fewer teaching hospitals. Cluster 2 and cluster 4 schools have more affiliations, probably because of their high undergraduate enrollments. This table includes data as reported by the medical schools; therefore the values shown in the Total and Mean columns include multiple counting of hospitals that have major affiliations with more than one medical school.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN NUMBER OF AFFILIATED HOSPITALS) 0	1-4	5-8	9-12	13-17	NUMBER OF HOSPITALS MEAN	TOTAL
ALL SCHOOLS	104	-	42	47	9	6	5.5	571
Public	60	-	26	28	5	1	5.1	308
Private	44	-	16	19	4	5	6.0	263
ESTABLISHED	78	-	27	39	7	5	5.7	446
Cluster 1	12	-	3	9	-	-	5.5	66
Cluster 2	8	-	2	3	2	1	7.4	59
Cluster 3	13	-	6	5	2	-	4.8	63
Cluster 4	14	-	4	8	1	1	6.3	88
Cluster 5	17	-	6	7	2	2	6.1	103
Cluster 6	14	-	6	7	-	1	4.8	67
DEVELOPING	26	-	15	8	2	1	4.8	125
Cluster 7	9	-	6	3	-	-	3.9	35
Cluster 8	17	-	9	5	2	1	5.3	90

Note: Four schools were omitted because of insufficient data.
Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part II, 1975-76. (Variable number INR081 in Researchable Data Base)

TABLE Cf. 5

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
COMBINED NUMBER OF MEDICAL SCHOOL-OWNED[1] AND MAJOR AFFILIATED HOSPITALS, 1975-76[1]

The schools in cluster 2 and 4 enroll large numbers of students; the schools in cluster 4 also place emphasis on graduate medical education. These characteristics may be the cause of the higher averages in the number of hospitals that participate in the school's academic programs. This table includes data reported by the medical schools; therefore the total and mean include multiple counting of hospitals that have affiliation with more than one medical school.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN NUMBER OF HOSPITALS) 0	1-4	5-8	9-12	13-16	17-20	NUMBER OF HOSPITALS MEAN	TOTAL
ALL SCHOOLS	104	-	37	45	15	6	1	6.3	651
Public	60	-	23	25	10	2	-	6.0	360
Private	44	-	14	20	5	4	1	6.6	291
ESTABLISHED	78	-	23	37	12	5	1	6.6	515
Cluster 1	12	-	3	7	2	-	-	6.5	78
Cluster 2	8	-	1	3	3	1	-	8.4	67
Cluster 3	13	-	6	4	2	1	-	5.8	75
Cluster 4	14	-	3	8	2	1	-	7.1	99
Cluster 5	17	-	5	7	3	1	1	6.9	117
Cluster 6	14	-	5	8	-	1	-	5.6	79
DEVELOPING	26	-	14	8	3	1	-	5.2	136
Cluster 7	9	-	6	3	-	-	-	4.1	37
Cluster 8	17	-	8	5	3	1	-	5.8	99

[1] Includes hospitals owned by medical schools' parent institutions or by the states' university systems.

Note: Four schools were omitted because of insufficient data on the number of affiliated hospitals. Three of these omitted schools are, however, included in Table Cf. 3, since data on their number of owned hospitals were available.

Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part II, 1975-76 (Variable numbers INR080 and INR081 in Researchable Data Base)

TABLE Cf. 6

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
NUMBER OF HOSPITALS WITH LIMITED AFFILIATIONS WITH MEDICAL SCHOOLS, 1975-76

The higher average of affiliations for cluster 2 may be a reflection of the high enrollment characteristic for the schools in this cluster. The developing schools in cluster 7, still coming on-stream, are dependent on limited affiliations to a greater extent than the older schools. The Total and Mean columns include multiple counting for hospitals affiliated with more than one school.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN NUMBER OF AFFILIATED HOSPITALS) 0	1-4	5-8	9-12	13-21	NUMBER OF HOSPITALS MEAN	TOTAL
ALL SCHOOLS	107	19	53	22	9	4	4.0	429
Public	62	9	32	12	6	3	4.6	282
Private	45	10	21	10	3	1	3.3	147
ESTABLISHED	80	15	39	16	8	2	3.8	305
Cluster 1	13	2	7	3	1	-	3.8	50
Cluster 2	8	2	3	2	-	1	5.0	40
Cluster 3	13	2	6	3	2	-	4.2	55
Cluster 4	14	2	9	1	2	-	3.3	46
Cluster 5	18	4	9	3	1	1	3.4	62
Cluster 6	14	3	5	4	2	-	3.7	52
DEVELOPING	27	4	14	6	1	2	4.6	124
Cluster 7	10	1	3	4	1	1	6.8	68
Cluster 8	17	3	11	2	-	1	3.3	56

Note: One school was omitted because of insufficient data.
Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part II, 1975-76 (Variable number INR082 in Researchable Data Base)

TABLE Cf. 7

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
NUMBER OF HOSPITALS WITH GRADUATE AFFILIATIONS WITH MEDICAL SCHOOLS, 1975-76

Because of the large number of schools that fall in the zero range, a more meaningful picture is provided by the mean which excludes schools without graduate affiliation. The most marked difference in the average number of facilities with graduate affiliations is between the group of established schools and the group of developing schools. The Total and Mean columns include multiple counting of hospitals affiliated with more than one scho

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN NUMBER OF AFFILIATED HOSPITALS) 0	1-3	4-5	6-21	NUMBER OF HOSPITALS MEAN including zero range	MEAN excluding zero range	TOTAL
ALL SCHOOLS	107	60	32	10	5	1.5	3.5	165
Public	62	33	20	7	2	1.5	3.1	91
Private	45	27	12	3	3	1.6	4.1	74
ESTABLISHED	80	38	28	9	5	1.9	3.6	152
Cluster 1	13	7	4	1	1	1.5	3.3	20
Cluster 2	8	4	2	1	1	1.8	3.5	14
Cluster 3	13	3	6	4	-	2.3	3.0	30
Cluster 4	14	7	5	-	2	2.3	4.6	32
Cluster 5	18	11	6	1	-	.9	2.4	17
Cluster 6	14	6	5	2	1	2.8	4.9	39
DEVELOPING	27	22	4	1	-	.5	2.6	13
Cluster 7	10	10	-	-	-	-	-	-
Cluster 8	17	12	4	1	-	.8	2.6	13

Note: One school was omitted because of insufficient data.
Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part II, 1975-76 (Variable number INR083 in Researchable Data Base)

TABLE Cf. 8

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
NUMBER OF BEDS IN HOSPITALS OWNED BY MEDICAL SCHOOLS , 1975-76[1]

The number of schools that fall in the zero range is large; therefore a more meaningful picture is provided by the mean which excludes the schools without owned hospitals. Although the capacity of these owned hospitals vary, the average number of hospital beds owned is roughly uniform for all groups, and is small enough to indicate that all schools must depend on affiliations, regardless of whether or not they own hospital beds.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN NUMBER OF BEDS)				NUMBER OF BEDS		
		0	1-499	500-999	1000-1200	MEAN excluding zero range	MEAN including zero range	TOTAL
ALL SCHOOLS	87	41	19	23	4	600	300	26,100
Public	49	21	12	13	3	600	300	16,400
Private	38	20	7	10	1	500	300	9,800
ESTABLISHED	65	26	14	21	4	600	300	22,700
Cluster 1	9	3	2	4	-	500	300	3,100
Cluster 2	7	3	1	2	1	700	400	2,800
Cluster 3	11	4	3	3	1	600	400	4,100
Cluster 4	14	5	3	5	1	600	400	5,500
Cluster 5	13	6	4	3	-	500	200	3,200
Cluster 6	11	5	1	4	1	700	400	4,000
DEVELOPING	22	15	5	2	-	500	200	3,400
Cluster 7	10	7	2	1	-	500	200	1,600
Cluster 8	12	8	3	1	-	500	100	1,800

[1]Includes beds in hospitals owned by medical schools' parent institutions or by states' university systems.
Note: Twenty-one schools were omitted because of insufficient data.
Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part II, 1975-76 (Variable number INR085 in Researchable Data Base)

TABLE Cf. 9

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
NUMBER OF BEDS IN HOSPITALS WITH MAJOR AFFILIATONS WITH MEDICAL SCHOOLS, 1975-76

The mean number of beds in the hospitals affiliated with the public schools group appears to be lower than for those affiliated with the private ones. However this is due to the effect of lower averages for the developing schools which are predominantly public. The schools in cluster 1, all public and older, have a higher average. Higher mean values for clusters 2 and 4 can be attributed to the high undergraduate enrollments for schoo in these clusters. The Total and Mean columns may include multip counting of beds in hospitals affiliated with more than one schoo

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN NUMBER OF BEDS)								NUMBER OF BEDS	
		0	1-499	500-999	100-1999	2000-2999	3000-3999	4000-4999	5000-5999	6000-8999	MEAN	TOTAL
ALL SCHOOLS	83	-	5	4	23	19	13	10	5	4	2,800	232,400
Public	50	-	3	2	15	12	9	5	2	2	2,700	132,900
Private	33	-	2	2	8	7	4	5	3	2	3,000	99,500
ESTABLISHED	63	-	3	4	16	11	12	9	5	3	3,000	187,400
Cluster 1	9	-	1	-	1	2	3	1	1	-	3,100	27,600
Cluster 2	8	-	1	-	1	-	2	1	1	2	4,300	34,000
Cluster 3	12	-	-	1	5	3	1	2	-	-	2,400	28,200
Cluster 4	12	-	-	-	3	2	3	3	-	1	3,500	41,700
Cluster 5	10	-	1	2	2	1	1	1	2	-	2,500	24,700
Cluster 6	12	-	-	1	4	3	2	1	1	-	2,600	31,100
DEVELOPING	20	-	2	-	7	8	1	1	-	1	2,300	45,100
Cluster 7	8	-	2	-	3	3	-	-	-	-	1,600	13,100
Cluster 8	12	-	-	-	4	5	1	1	-	1	2,700	32,100

Note: Twenty-four schools were omitted because of insufficient data.
Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part II, 1975-76 (Variable number INR086 in Researchabl Data Base)

TABLE Cf. 10

DISTRIBUTION OF U.S. MEDICAL SCHOOL BY
COMBINED NUMBER OF BEDS IN MEDICAL SCHOOL OWNED AND MAJOR AFFILIATED HOSPITALS, 1975-76[1]

The mean number of beds in the hospitals affiliated with or owned by public schools appears to be lower than for the private. However this is due to the effect of lower averages for the developing schools which are predominantly public. The schools in cluster 1, all public and older, have a higher average. The higher mean values for cluster 2 and 4 can be attributed to the high undergraduate enrollments for schools in these clusters. Schools in cluster 3 are of moderate size and age, and emphasize research. The Total and Mean columns include multiple counting of beds in hospitals affiliated with more than one school.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN NUMBER OF BEDS)								NUMBER OF BEDS	
		0	1-499	500-999	1000-1999	2000-3999	4000-5999	6000-7999	8000-9999	MEAN	TOTAL
ALL SCHOOLS	76	-	1	2	18	37	14	2	2	3,100	235,900
Public	45	-	1	2	10	24	7	1	-	2,900	128,300
Private	31	-	-	-	8	13	7	1	2	3,500	107,500
ESTABLISHED	57	-	-	2	12	26	13	2	2	3,400	194,700
Cluster 1	8	-	-	-	1	4	3	-	-	3,800	30,400
Cluster 2	7	-	-	-	1	3	1	1	1	4,500	31,300
Cluster 3	11	-	-	1	2	7	1	-	-	2,500	28,000
Cluster 4	12	-	-	-	2	5	4	-	1	3,900	46,500
Cluster 5	8	-	-	1	2	2	2	1	-	2,900	26,100
Cluster 6	11	-	-	-	4	5	2	-	-	2,900	32,400
DEVELOPING	19	-	1	-	6	11	1	-	-	2,200	41,200
Cluster 7	8	-	1	-	4	3	-	-	-	1,800	14,300
Cluster 8	11	-	-	-	2	8	1	-	-	2,400	26,800

[1]Include hospitals owned by medical schools' parent institutions or by the states' university system.
Note: Thirty-two schools were omitted because of insufficient data.
Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part II, 1975-76 (Variable numbers INR085 and INR086 in Researchable Data Base)

TABLE Cf. 11

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
NUMBER OF OUTPATIENT VISITS IN MEDICAL SCHOOL-OWNED CLINICAL FACILITIES, 1975-76[1]

The schools in clusters 2, 3, and 4 have available, on average, a large pool of ambulatory patients. The schools in cluster 2 and 4 have the largest student enrollments, and therefore need a greater number of cases.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN THOUSANDS OF VISITS PER YEAR)								NUMBER OF VISITS PER YEAR (in thousands)		
		0	.001-49	50-99	100-149	150-199	200-249	250-299	300-349	MEAN excluding zero range	MEAN including zero range	TOTAL
ALL SCHOOLS	82	40	8	6	11	9	4	1	3	144	74	6,046
Public	48	20	4	5	7	5	4	1	2	154	90	4,309
Private	34	20	4	1	4	4	-	-	1	124	51	1,738
ESTABLISHED	59	25	5	4	10	8	3	1	3	156	90	5,297
Cluster 1	8	3	-	1	3	-	1	-	-	132	83	660
Cluster 2	8	3	-	1	1	2	-	-	1	167	105	836
Cluster 3	12	4	-	2	1	1	2	1	1	189	126	1,510
Cluster 4	9	4	2	-	1	2	-	-	-	171	95	854
Cluster 5	12	6	2	-	2	2	-	-	-	113	57	680
Cluster 6	10	5	1	-	2	1	-	-	1	151	76	757
DEVELOPING	23	15	3	2	1	1	1	-	-	94	33	750
Cluster 7	10	7	1	2	-	-	-	-	-	66	20	199
Cluster 8	13	8	2	-	1	1	1	-	-	110	42	551

[1]Includes hospitals owned by medical school's parent institutions or by the states' university systems.
Note: Twenty-six schools were omitted because of insufficient data.
Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part II, 1975-76 (Variable number INR090 in Researchable Data Base)

TABLE Cf. 12

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
NUMBER OF OUTPATIENT VISITS IN CLINICAL FACILITIES WITH MAJOR MEDICAL SCHOOL AFFILIATION, 1975-76

The majority of ambulatory cases available for teaching flows through the major clinical affiliates - hospitals and clinics. The volume, represented by the number of visits per year, is roughly uniform for all clusters, except for cluster 2 and 4 which include the schools with large undergraduate student enrollment. The developing schools in cluster 8 also show a slightly higher average.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN THOUSANDS OF VISITS PER YEAR)								NUMBER OF VISITS PER YEAR (in thousands)	
		0	.001-199	200-399	400-599	600-799	800-999	1000-1499	OVER 1500	MEAN	TOTAL
ALL SCHOOLS	66	-	12	16	12	11	5	7	3	589	38,873
Public	39	-	5	10	8	8	2	4	2	607	23,691
Private	27	-	7	6	4	3	3	3	1	562	15,181
ESTABLISHED	51	-	9	12	10	10	3	5	2	573	29,238
Cluster 1	9	-	2	3	-	2	-	2	-	520	4,678
Cluster 2	7	-	-	2	2	1	-	1	1	818	5,729
Cluster 3	11	-	1	3	4	3	-	-	-	457	5,028
Cluster 4	4	-	-	-	1	1	-	1	1	1,067	4,266
Cluster 5	9	-	3	2	1	2	1	-	-	434	3,906
Cluster 6	11	-	3	2	2	1	2	1	-	512	5,631
DEVELOPING	15	-	3	4	2	1	2	2	1	642	9,634
Cluster 7	4	-	2	-	1	1	-	-	-	329	1,314
Cluster 8	11	-	1	4	1	-	2	2	1	756	8,320

Note: Forty-two schools were omitted because of insufficient data.
Source: Liason Committee on Medical Education Annual Medical School Questionnaire, Part II, 1975-76 (Variable number INR091 in Researchable Data Base)

TABLE Cf. 13

DISTRIBUTION OF U.S. MEDICAL SCHOOLS BY
COMBINED NUMBER OF OUTPATIENT VISITS IN CLINICAL FACILITIES OWNED BY
OR MAJOR AFFILIATES OF MEDICAL SCHOOLS, 1975-76

The schools in cluster 2 and cluster 4 have available, on average, a larger number of ambulatory patients. The schools in clusters 2 and 4 have the largest student enrollments, and therefore need a greater number of cases.

SCHOOL GROUPINGS	NUMBER	NUMBER OF SCHOOLS IN EACH RANGE (RANGE IN THOUSANDS OF VISITS PER YEAR) 0	.001-99	100-499	500-999	1000-1500	NUMBER OF VISITS PER YEAR (in thousands) MEAN	TOTAL
ALL SCHOOLS	63	-	1	28	22	12	678	42,713
Public	38	-	-	17	14	7	710	26,974
Private	25	-	1	11	8	5	630	15,739
ESTABLISHED	48	-	-	21	18	9	679	32,581
Cluster 1	8	-	-	4	2	2	641	5,131
Cluster 2	7	-	-	3	1	3	914	6,399
Cluster 3	11	-	-	5	6	-	586	6,444
Cluster 4	4	-	-	-	2	2	1201	4,802
Cluster 5	9	-	-	5	3	1	486	4,376
Cluster 6	9	-	-	4	4	1	603	5,429
DEVELOPING	15	-	1	7	4	3	675	10,132
Cluster 7	4	-	-	3	1	-	348	1,391
Cluster 8	11	-	1	4	3	3	795	8,741

[1]Includes hospitals owned by medical schools' parent institutions or by states' university systems.
Note: Forty-five schools were omitted because of insufficient data on the number of out-patient visits. Three of these omitted schools are, however, included in Table Cf. 12 since data on their number of outpatient visits in affiliated facilities were available.
Source: Liaison Committee on Medical Education Annual Medical School Questionnaire, Part II, 1975-76 (Variable numbers INR090 and INR091 in Researchable Data Base)

APPENDIX A

Factors Used in Cluster Discrimination for Established Schools

APPENDIX A

Factors used in Cluster Discrimination for Established Schools

The distribution of the established schools by cluster is based on the factor analysis of 24 variables selected to represent several measurable aspects of medical schools, including institutional, financial, faculty, and student characteristics. The procedure by which the clusters were determined is described in "An Empirical Classification of U.S. Medical Schools by Institutional Dimensions,"[1] which also used the factor analysis approach for schools in development. For the purpose of this study of institutional characteristics, however, schools in development have been grouped according to the year in which they enrolled their first class of medical students.

Factor 1 provides a means for assessing the graduate medical education program emphasis among medical schools. Schools which are strong in this area would typically have a high ratio of interns and residents to undergraduate medical students, proportionally more faculty who hold MD degrees, higher faculty salaries, and fewer undergraduate medical students per full time faculty member. Schools with these qualities have in the past produced a relatively small proportion of graduates who went into general practice.

Variables: (1) Average salary - strict full time associate professor in basic sciences;

(2) Ratio of interns and graduates

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[1]McShane, Michael G. "An Empirical Classification of U.S. Medical Schools by Institutional Dimensions," March 1977, Association of American Medical Colleges and Department of Health, Education, and Welfare.

to undergraduate medical students;

(3) Ratio of medical students to full time faculty;

(4) Percentage of living alumni in general practice;

(5) Percentage of part-time and full-time faculty with the doctor of medicine degree.

Factor 2 measures the size and age of the medical schools. This factor shows that older schools tend to have greater numbers of undergraduate medical students and larger proportions of alumni who have achieved board certification. Secondary loadings on this factor indicate that older medical schools are experiencing less growth in enrollment and federally sponsored research funding than newer schools. These measures form an independent dimension empirically unrelated to the other factors derived in this analysis.

Variables: (1) Number of medicals students;

(2) Percentage of living alumni who are board certified;

(3) Age of the medical school.

Factor 3 measures the control dimension among medical schools. The variables which have their highest loadings on this factor are control (in which public schools were represented by a '0', private by a '1'), and other variables which are related to the degree to which a school resembles public or private medical schools: resident medical student tuition, the percent of in-state medical students, the number of applicants per first year medical student, the percent of the school's revenue which comes from federal sources, and the percent of revenue from gifts. Schools which have high values on this factor tend to resemble most private schools in that they have relatively high resident tuition, few resident students, and high numbers of applicants per first-year medical student. These schools also tend to receive a greater proportion of their revenues from the federal government and from gifts than do schools which are more similar to public medical schools.

Variables: (1) Ownership, public or private;

(2) 1975-76 tuition for resident

medical students;

(3) Percentage of first-year medical students who are state residents;

(4) Ratio applicants per first year medical students;

(5) Percentage of total revenue from Federal government and recovery of indirect costs;

(6) Percentage of total revenue from gifts.

Factor 4 measures the research funding success of the medical schools on applications for new investigator-initiated research grants from the National Institutes of Health. Schools with high approval rates also have the "best" priority scores (where a lower score reflects a higher priority) and are awarded a higher percentage of the sum of dollars requested in all reviewed proposals. Schools which possess these qualities also tend to have a relatively high proportion of female medical students. This dimension of institutional differences is apparently independent of other measures of research emphasis which combined to form a separate factor.

Variables: (1) National Institutes of Health and National Institute of Mental Health funds awarded as percentage of funds requested in applications for new investigator-initiated research;

(2) Mean standard priority scores by initial review groups of new applications for investigator-initiated research;

(3) Initial review group approval rates for competing applications, investigator-initiated research;

(4) Percentage of female medical students.

The final factor, Factor 5, measures the research emphasis of medical schools. The variables which have high loadings on these factors are primarily related to the extent and emphasis of sponsored research activity. Schools with a strong re-

search emphasis have relatively high percentages of their budgets expended for sponsored research, large numbers of research grants approved, high ratios of basic medical science graduate students to undergraduate medical students, high percentages of students with superior undergraduate grade point averages, and low percentages of expenditures for administration.

Variables: (1) Number of investigator-initiated research grant applications approved;

(2) Percentage of total expenditures for administration;

(3) Percentage of total expenditures for sponsored research;

(4) Ratio of graduate students in the basic medical sciences to medical students.

(5) Adjusted total revenue;

(6) Percentage of first year medical students with pre-medical grade point averages of 3.6 to 4.0.

APPENDIX B

Researchable Data Base

I. INSTITUTIONAL VARIABLES

A. RAW VARIABLES

NAME	DESCRIPTION	IPS SOURCE OR FORMULA
INR001	MEDICAL COLLEGE	IPS SCHOOL RECORD
INR002	CONTROL: 0=PUBLIC, 1=PRIVATE	IPS SCHOOL RECORD
INR003	STATE	IPS SCHOOL RECORD
INR004	REGION	IPS SCHOOL RECORD
INR005	YEAR FOUNDED	IPS SCHOOL RECORD
INR006	2 OR 4 YEAR SCHL	IPS SCHOOL RECORD
INR007	ACCREDITATION	IPS SCHOOL RECORD
INR008	$ REV FR MED-ST TUITION & FEES	10060 (66)
INR009	$ REV - TOTAL TUITION & FEES	10061 (66)
INR010	$ REV FR FEDERAL CAPITATION GRANTS	10063 (66)
INR011	$ REV FR STATE APPROPRIATIONS - PUB SCH	10065 (66)
INR012	$ REV FR SPEC APPROPRIATIONS-ST REL SCH	10067 (66)
INR013	$ REV FR STATE SUBSIDY - PRIVATE SCH	10069 (66)
INR014	$ REV FR INTER OR INTRASTATE COMPACTS	10071 (66)
INR015	$ REV FR CITY & COUNTY GOVTS	10073 (66)
INR016	$ REV - TOT UNRESTRICTED REV FR ALL GOVT	10075 (66)
INR017	$ REV FR ENDOWMENT INCOME	10077 (66)
INR018	$ REV FR ALUMNI GIFTS	10079 (66)
INR019	$ REV FR FOUNDATION GIFTS	10080 (66)
INR020	$ REV FR BUSINESS & INDUSTRY GIFTS	10081 (66)
INR021	$ REV - TOT REV FR GIFTS	10083 (66)
INR022	$ REV FR FED GOVT FOR RESEARCH	10085 (66)
INR023	$ REV FR ST & LOC GOVT FOR RESEARCH	10087 (66)
INR024	$ REV FR NON-GOVT SOURCES FOR RESEARCH	10088 (66)
INR025	$ REV - TOTAL SPONSORED RESEARCH	10089 (66)
INR026	$ REV - SEPARATELY BUDGETED RESEARCH	10091 (66)
INR027	$ REV FR FED GOVT FOR TCH-TRN PROG	10093 (66)
INR028	$ REV FR ST & LOC GOVT FOR TCH-TRN PROG	10095 (66)
INR029	$ REV FR NON-GOVT FOR TCH-TRN PROG	10096 (66)
INR030	$ REV - TOT SPONSORED TCH-TRN	10097 (66)
INR031	$ REV FR FED GOVT FOR MP & SERV PROG	10099 (66)
INR032	$ REV FR ST & LOC GOVT FOR MP & SERV PRO	10101 (66)
INR033	$ REV FR NON-GOVT FOR MP & SERV PROG	10102 (66)
INR034	$ REV - TOTAL MP & SERV PROG	10103 (66)
INR035	$ REV FR RECOV OF INDIRECT COSTS - FED	10105 (66)
INR036	$ REV FR RECOV OF INDIRECT COSTS-ST&LOC	10107 (66)
INR037	$ REV FR RECOV OF INDIRECT COSTS-NON-GOV	10108 (66)
INR038	$ REV - TOTAL RECOVERY OF INDIRECT COSTS	10109 (66)
INR039	$ REV FR SALES & SERVICES OF ED DEPTS	10111 (66)

NAME	DESCRIPTION	IPS SOURCE OR FORMULA
INR040	$ REV FR ORG ACTIVITY OF ED DEPTS	10113 (66)
INR041	$ REV FR PROF FEES - MED SERV PLANS	10115 (66)
INR042	$ REV FR OTHER SOURCES	10117 (66)
INR043	$ REV - TOTAL CURRENT FUNDS REVENUE	10119 (66)
INR044	$ EXP: INSTRUCT & DEPT RES - MD PROG	10121 .66)
INR045	$ EXP: TOTAL INSTRUCT & DEPT RESEARCH	10122 (66)
INR046	$ EXP: ORG ACTIVITIES OF EDUC DEPTS	10124 (66)
INR047	$ EXP: TOTAL SPONSORED RESEARCH	10126 (66)
INR048	$ EXP: OTHER SEPARATELY BUDGETED RESEARC	10127 (66)
INR049	$ EXP: SPONSORED TEACHING-TRAINING PROG	10129 (66)
INR050	$ EXP: SPONSORED MP & SERV PROG	10130 (66)
INR051	$ EXP: EXTENSION & PUBLIC SERVICE PROG	10131 (66)
INR052	$ EXP: LIBRARIES	10133 (66)
INR053	$ EXP: OPER & MAINT OF PHYSICAL PLANT	10135 (66)
INR054	$ EXP: TOTAL ADMIN & GENERAL EXPENSE	10139 (66)
INR055	$ EXP: TOTAL CURRENT FUN DS EXPENDITURES	10141 (66)
INR056	EXCESS OF REVENUES OVER EXPENDITURES	10143 (66)
INR057	EXCESS OF EXPENDITURES OVER REVENUES	10144 (66)
INR058	$ FR PRIOR YEAR BALANCES OR RESERVES	10150 (66)
INR059	$ EXP: FED PROG - TOTAL DIRECT EXP	10165 (66)
INR060	$ EXP: FED PROG - TOTAL SALARY EXP	10166 (66)
INR061	$ EXP: ST & LOC PROG - TOTAL DIRECT EXP	10167 (66)
INR062	$ EXP: NON-GOVT PROG - TOT DIRECT EXP	10169 (66)
INR063	$ EXP: TOTAL DIR EXP - SPONSORED PROG	10171 (66)
INR064	$ EXP: TOT SALARY EXP - SPONSORED PROG	10172 (66)
INR065	$ EXP: TOT DIR EXP FOR NIH PROG	10173 (66)
INR066	$ EXP: TOT DIR EXP - OTHER DHEW PROG	10175 (66)
INR067	$ EXP: TOTAL DIRECT EXP - DHEW PROG	10177 (66)
INR068	$ EXP: TOT DIR EXP - NSF PROG	10179 (66)
INR069	$ EXP: TOT DIR EXP - DOD PROG	10181 (66)
INR070	$ EXP: TOT DIR EXP - AEC PROG	10183 (66)
INR071	$ EXP: TOT DIR EXP - FED RESEARCH PROG	10185 (66)
INR072	$ EXP: FOUNDATION SPONSORED RESEARCH	10193 (66)
INR073	$ EXP: BUS & INDUS SPONSORED RESEARCH	10197 (66)
INR074	$ EXP: ALUMNI SPONSORED RESEARCH	10199 (66)
INR075	$ EXP: TOT DIR EXP - NON-GOVT SPON RES	10203 (66)
INR076	$ EXP: BHRD CAPITATION FOR TCH-TRN	10205 (66)
INR077	$ EXP: BHRD SPECIAL PROJECTS	10209 (66)
INR078	$ EXP: ALUMNI SPONSRED TCH-TRN	10239 (66)
INR079	$ EXP: TOT DIR EXP - NON-GOVT TCH-TRN	10243 (66)
INR080	# OWNED CLINICAL FACILITIES	11707 (68)
INR081	# MAJOR CLINICAL AFFILIATIONS	11708 (68)
INR082	# LIMITED CLINICAL AFFILIATIONS	11709 (68)

NAME	DESCRIPTION	IPS SOURCE OR FORMULA
INR083	# GRADUATE CLINICAL AFFILIATIONS	11710 (68)
INR084	# BEDS IN ALL CLINICAL FACILITIES	11711 (66)
INR085	# BEDS IN OWNED CLINICAL FACILITIES	11712 (68)
INR086	# BEDS IN MAJOR CLINICAL FACILITIES	11713 (68)
INR087	# BEDS IN LIMITED CLINICAL FACILITIES	11714 (68)
INR088	# BEDS IN GRADUATE CLINICAL FACILITIES	11715 (68)
INR089	# OUTPATIENT VISITS - ALL CLIN FACIL	11716 (68)
INR090	# OUTPATIENT VISITS - OWNED CLIN FACIL	11717 (68)
INR091	# OUTPATIENT VISITS - MAJOR CLIN FACIL	11718 (68)
INR092	# OUTPATIENT VISITS - LIMITED CLIN FACIL	11719 (68)
INR093	# OUTPATIENT VISITS - GRAD CLIN FACIL	11720 (68)
INR094	$ EXP: BAS SCI DEPTS - TOT FAC SAL	10287 (66)
INR095	$ EXP: BAS SCI DEPTS - TOT STF SAL	10288 (66)
INR096	$ EXP: BAS SCI DEPTS - OTHER EXP	10289 (66)
INR097	$ EXP: BAS SCI DEPTS - TOTAL EXP	10290 (66)
INR098	$ EXP: CLIN SCI DEPTS - TOT FAC SAL	10359 (66)
INR099	$ EXP: CLIN SCI DEPTS - TOT STF SAL	10360 (66)
INR100	$ EXP: CLIN SCI DEPTS - OTHER EXP	10361 (66)
INR101	$ EXP: CLIN SCI DEPTS - TOTAL EXP	10362 (66)
INR102	$ EXP: TOT CUR-FUND EXP FOR FAC SAL	10391 (66)
INR103	$ EXP: TOT CUR-FUND EXP FOR STF SAL	10392 (66)
INR104	$ EXP: TOT CUR-FUND EXP FOR OTHER EXP	10393 (66)
INR105	$ EXP: TOTAL CURRENT FUNDS EXP	10394 (66)
INR106	$ EXP: BAS SCI DEPT - SPON FAC SAL	10423 (66)
INR107	$ EXP: BAS SCI DEPT - SPON STF SAL	10424 (66)
INR108	$ EXP: BAS SCI DEPT - OTHER SPON EXP	10425 (66)
INR109	$ EXP: BAS SCI DEPT - TOTAL SPON EXP	10426 (66)
INR110	$ EXP: CLIN SCI DEPT - SPON FAC SAL	10495 (66)
INR111	$ EXP: CLIN SCI DEPT - SPON STF SAL	10496 (66)
INR112	$ EXP: CLIN SCI DEPT - OTHER SPON EXP	10497 (66)
INR113	$ EXP: CLIN SCI DEPT - TOTAL SPON EXP	10498 (66)
INR114	$ EXP: SPON EXP FOR FACULTY SALARIES	10527 (66)
INR115	$ EXP: SPON EXP FOR STAFF SALARIES	10528 (66)
INR116	$ EXP: SPON EXP FOR OTHER EXP	10529 (66)
INR117	$ EXP: TOTAL SPONSORED EXP	10530 (66)
INR118	$ EXP: BAS SCI DEPT - REG FAC SAL	10566 (66)
INR119	$ EXP: BAS SCI DEPT - REG STF SAL	10567 (66)
INR120	$ EXP: BAS SCI DEPT - OTHER REG EXP	10568 (66)
INR121	$ EXP: BAS SCI DEPT - TOTAL REG EXP	10569 (66)
INR122	$ EXP: CLIN SCI DEPT - REG FAC SAL	10656 (66)
INR123	$ EXP: CLIN SCI DEPT - REG STF SAL	10657 (66)
INR124	$ EXP: CLIN SCI DEPT - OTHER REG EXP	10658 (66)
INR125	$ EXP: CLIN SCI DEPT - TOTAL REG EXP	10659 (66)

NAME	DESCRIPTION	IPS SOURCE OR FORMULA
INR126	$ EXP: REG EXP FOR FACULTY SALARIES	10696 (66)
INR127	$ EXP: REG EXP FOR STAFF SALARIES	10697 (66)
INR128	$ EXP: OTHER REG EXP	10698 (66)
INR129	$ EXP: TOTAL REG OPER EXP	10699 (66)
INR130	# UNITS AT WHICH PRI CARE EXP AVAIL	09913 (67)
INR131	IS AHC INVOLVED WITH HMO?	09942 (67)
INR132	# HOSPITALS REPT BY MED-SCH, 1975-76	12670 (71)
INR133	# HOSPITALS REPT BY MED-SCH, 1976-77	12796 (71)
INR134	POPULATION IN MED-SCH SMSA	00366 (02)
INR135	NIH R01 GRANTS: # APPLS REVIEWED	13509 (78)
INR136	NIH R01 GRANTS: # APPLS APPROVED	13510 (78)
INR137	NIH R01 GRANTS: APPROVAL RATE OF APPLS	13511 (78)
INR138	NIH R01 GRANTS: COMP & NONCOMP $ AWARDED	13512 (78)
INR139	NIH R01 GRANTS: $ AMT OF NEW APPS REVWD	13513 (78)
INR140	NIH R01 GRANTS: $ AMT OF NEW APPS AWARD	13514 (78)
INR141	NIH R01 GRANTS: $ AWARD AS % OF APP SBMT	13515 (78)
INR142	NIH R01 GRANTS: MEAN STD PRIORITY SCR	13516 (78)
INR143	NIH R01 GRANTS: SDEV STD PRIORITY SCR	13517 (78)
INR144	NIH R01 GRANTS: N STD PRIORITY SCR	13518 (78)
INR145	71-72: $ REV - TOTAL TUITION & FEES	03346 (19)
INR146	71-72: $ REV - ST APPR - PUB SCHOOLS	03347 (19)
INR147	71-72: $ REV - SPEC ST APPR - ST REL SCH	03348 (19)
INR148	71-72: $ REV - ST SUBSIDY - PRI SCH	03349 (19)
INR149	71-72: $ REV - INTER OR INTRASTATE CMPCT	03350 (19)
INR150	71-72: $ REV - CITY & COUNTY GOVT	03351 (19)
INR151	71-72: $ REV - ENDOWMENT INCOME	03353 (19)
INR152	71-72: $ REV - GIFTS - TOTAL	03358 (19)
INR153	71-72: $ REV - FED SPONSORED RESEARCH	03359 (19)
INR154	71-72: $ REV - TOTAL SPONSORED RESEARCH	03362 (19)
INR155	71-72: $ REV - DEP BUDGETED RESEARCH	03363 (19)
INR156	71-72: $ REV - FED SPONSORED TCH-TRN	03364 (19)
INR157	71-72: $ REV - TOTAL SPONSORED TCH-TRN	03367 (19)
INR158	71-72: $ REV - FED SPONSORED MP & SERV	03368 (19)
INR159	71-72: $ REV - TOT SPONSORED MP & SERV	03371 (19)
INR160	71-72: $ REV - RECOV INDIR COSTS - FED	03372 (19)
INR161	71-72: $ REV - SALES & SERV OF ED DEPTS	03376 (19)
INR162	71-72: $ REV - ORG ACT OF ED DEPTS	03377 (19)
INR163	71-72: $ REV - MED SERV PLAN PROF FEES	03378 (19)
INR164	71-72: $ REV - OTHER SOURCES	03379 (19)
INR165	71-72: TOTAL CURRENT FUNDS REVENUE	03380 (19)
INR166	71-72: EXCESS OF EXP OVER REV	03396 (19)
INR167	71-72: DEF FUNDED FR PRIOR YR BAL & RSRV	03402 (19)
INR168	$ RESEARCH SUPPORT 1968: NIH, NIMH	COMP* (52)

NAME	DESCRIPTION	IPS SOURCE OR FORMULA
INR169	$ RESEARCH SUPPORT 1969: NIH, NIMH	COMP* (52)
INR170	$ RESEARCH SUPPORT 1973: NIH, NIMH, AADA	COMP* (52)
INR171	$ RESEARCH SUPPORT 1974: NIH, NIMH, AADA	COMP* (52)
INR172	MED-SCHOOL.PARTICIPATE IN AMCAS IN 76-77	13348 (72)

B. COMPUTED VARIABLES

NAME	DESCRIPTION	IPS SOURCE OR FORMULA
INC001	RAT: POP IN SMSA TO MD-STUD IN SMSA	INR134/STR009
INC003	ORG FED SPON RES CONS CHG 67-9 TO 72-4	100*((INR170/1.505+INR171/1.602)/(INR168/1.176+INR169/1.240)-1.0)
INC004	ADJUSTED TOTAL REVENUE	INR043+INR057-INR058
INC005	$ SPONS PROG EXP INCL CAPITATION	INR063 + INR010
INC006	% REV FR UNRESTR ENDOW & GIFTS	100*(INR017+INR021)/INC004
INC007	% REV FROM FED SOURCES & RCOV IND COSTS	100*(INR010+INR035+INR022+INR027+INR031)/INC004
INC008	% REV FR TUITION & FEES	100*INR009/INC004
INC009	% REV FR BUS & INDUS GIFTS	100*(INR020+INR073)/INC004
INC010	% REV FR FOUNDATION GIFTS	100*(INR072+INR019)/INC004
INC011	% REV FR ALUMNI GIFTS	100*(INR018+INR077+INR078)/INC004
INC012	% REV FROM GIFTS & NON-GOVT SPONS PGMS	100*(INR021+INR075+INR079)/INC004
INC013	% REV FROM STATE GOVERNMENTS	100*(INR016-INR010-INR015)/INC004
INC014	% SPONSORED RES REV FROM FED GOVT	100*INR022/INR025
INC015	% SPONS RES REV FR ST & LOC GOVT	100*INR023/INR025
INC016	% SPONS RES REV FROM NON-GOVT SOURCES	100*INR024/INR025
INC017	% TOTAL EXPD FOR SPON RESEARCH	100*INR025/INR055
INC018	% REV FROM INDIRECT COST RECOVERY	100*INR038/INC004
INC019	% REV FROM PROFESSIONAL FEES	100*INR041/INC004
INC020	% EXP FOR MED INSTR & DEPT RES	100*INR044/INR055
INC021	% EXP FOR SPONSORED RESEARCH	100*INR047/INR055
INC022	% EXPD FOR OTHER SEP BUDGETED RES	100*INR048/INR055
INC023	% EXP FOR SPONS TCH-TRN	100*(INR049+INR010)/INR055
INC024	% EXPD FOR MULTI-PURPOSE & SERVICE PGMS	100*INR050/INR055
INC025	% EXPD FOR OPER & MAINT OF PHYS PLANT	100*INR053/INR055
INC026	% EXPD FOR ADMIN & GENL EXPENSE	100*INR054/INR055
INC027	% SPONS PGM EXPD FROM FE DS	100*(INR059+INR010)/INC005
INC028	% SPONS PGM EXPD FR STATE & LOC GOVT	100*INR061/INC005
INC029	% SPONS PGM EXPD FROM NON-GOVT	100*INR062/INC005
INC030	% FED SPONS RES $ FROM NIH	100*INR065/INR071
INC031	% FED SPONS RES $ FROM DHEW	100*INR067/INR071
INC033	% FED SPONS RES $ FROM DOD	100*INR069/INR071

NAME	DESCRIPTION	IPS SOURCE OR FORMULA
INC034	RAT: $ EXPD PER MD STUDENT	INR055/STR009
INC035	# OWNED OR AFFIL CLINICAL FACILITIES	INR080+INR081+INR082+INR083
INC036	RAT: $ EXPD PER F-T FACULTY	INR055/FAR019
INC037	RAT: PROFESSIONAL FEES PER FT CLIN FAC	INR041/FAR012
INC038	RAT: AVAIL TCHNG BEDS PER MD-STUDENT	(INR084-INR086)/STR009
INC039	RAT: SPONS PGM EXPD PER F-T FAC	INC005/FAR019
INC040	RAT: F-T FACULTY TO MD STUDENTS	FAR019/STR009
INC042	% SPONS FAC SALARIES FROM FED $	100*INR060/INR062
INC043	REG OPER EXPD: TOTAL - SPONSORED	INR055-INR047-INR049-INR050
INC044	RAT: REG OPER EXPD PER MD-STUDENT	INC043/STR009
INC047	AVERAGE $ AWARD PER R01 APP REV. OR SUB.	INR140/INR135
INC048	LOG AGE OF MEDICAL SCHOOL	LG10(1977-INR005)
INC050	RAT: SPECIAL PROJECTS $ TO MD-STUDENTS	INR077/STR009
INC051	% SPONSORED TCH-TRN $ FROM FED GOVT	100*INR027/INR030
INC052	RAT: RESIDENT TO NON-RES TUITION	STR098/STR099
INC053	$ REV: TOTAL ENDOWMENT & GIFT REV	INR017 + INR021
INC054	% TOTAL EXP FOR SPONSORED PROGS	INC005/INC004
INC057	RAT: REG OPER EXPD PER F-T FAC	INC043/FAR019
INC058	RAT: MD STUDENTS TO FT FAC	STR009/FAR019
INC061	RAT:BMS GRAD.STUD TO BAS SCI FT FAC	(STR072+STR073+STR076)/FAR005
INC062	$ TOTAL SUPPORT 1971-72	INR165+INR166-INR167
INC063	$ TOTAL SUPPORT 1975-76	INR043+INR057-INR058
INC064	% REV THAT IS RESTRICTED 1971-72	100*(INR154+INR157+INR159)/INC062
INC065	% REV THAT IS RESTRICTED 1975-76	100*(INR030+INR010+INR025+INR034)/INC063
INC066	% SUPPORT FROM FEDS 1971-72	100*(INR153+INR156+INR158+INR160)/INC062
INC067	% SUPPORT FROM FEDS 1975-76	100*(INR027+INR010+INR022+INR031+INR035)/INC063
INC068	% REV RESTRICTED FOR RESEARCH 1971-72	100*INR154/INC062
INC069	% REV RESTRICTED FOR RESEARCH 1975-76	100*INR025/INC063
INC070	% SUPPORT FROM FEDS FOR RESEARCH 1971-2	100*INR153/INC062
INC071	% SUPPORT FROM FEDS FOR RESEARCH 1975-76	100*INR035/INC063
INC072	% REV FROM PRACTICE PLAN INCOME 1971-72	100*INR163/INC062
INC073	% REV FROM PRACTICE PLAN INCOME 1975-76	100*INR041/INC063
INC074	% REV RESTRICTED FOR PUB SERVICE 1971-72	100*INR159/INC062
INC075	% REV RESTRICTED FOR PUB SERVICE 1975-76	100*INR034/INC063
INC076	% REV FROM FEDS FOR TEACH-TRNG 1971-72	100*INR156/INC062
INC077	% REV FROM FEDS FOR TEACH-TRNG 1975-76	100*(INR027+INR010)/INC063
INC078	71 TO 75 CHANGE % REV THAT IS RESTRICTED	INC065-INC064
INC079	71 TO 75 CHANGE % SUPPORT FROM FEDS	INC067-INC066
INC080	71 TO 75 CHANGE % REV RESTR FOR RESEARCH	INC069-INC068
INC081	71 TO 75 CHANGE % REV FROM FEDS FOR RES	INC071-INC070
INC082	71 TO 75 CHANGE % REV FROM PRAC PLAN	INC073-INC072
INC083	71 TO 75 CHANGE % REV RESTR FOR PUB SERV	INC075-INC074
INC084	71 TO 75 CHANGE % REV FRM FEDS FR TCH-TR	INC077-INC076

NAME	DESCRIPTION	IPS SOURCE OR FORMULA
INC085	% ACADEMIC EXPD FOR BAS SCI DEPTS	100*INR097/(INR097+INR101)
INC086	% ACAD PERSONNEL EXPD FOR BASIC SCI	100*(INR094+INR095)/(INR094+INR095+INR098+INR099)
INC087	% BAS SCI EXPD FOR SPONSORED PROGRAMS	100*INR109/INR097
INC088	% CLIN SCI EXPD FOR SPONSORED PROGRAMS	100*INR113/INR101
INC089	REG OPER REV - ADJ TOT MINUS SPONS	INC004-INC063

II. STUDENT VARIABLES

A. RAW VARIABLES

NAME	DESCRIPTION	IPS SOURCE OR FORMULA
STR001	# MALE 1ST-YR MED STUDENTS	10701 (68)
STR002	# FEMALE 1ST-YR MED STUDENTS	10706 (68)
STR003	# 1ST-YR MEDICAL STUDENTS	10711 (68)
STR004	# MALE FINAL YR MEDICAL STUDENTS	10704 (68)
STR005	# FEMALE FINAL-YR MEDICAL STUDENTS	10709 (68)
STR006	# FINAL-YR MEDICAL STUDENTS	10714 (68)
STR007	# MALE MEDICAL STUDENTS	10705 (68)
STR008	# FEMALE MEDICAL STUDENTS	10710 (68)
STR009	# UNDERGRADUATE MEDICAL STUDENTS	10715 (68)
STR010	# NON-US-CANADIAN 1ST-YR MED-ST	10718 (68)
STR011	# NON-US-CANADIAN FIN-YR MED-ST	10727 (68)
STR012	# NON-US-CANADIAN MED-ST	10730 (68)
STR013	# 1ST-YR MED-ST: AFRO-AMER MALE	10731 (68)
STR014	# 1ST-YR MED-ST: AFRO-AMER FEMALE	10732 (68)
STR015	# 1ST-YR MED-ST: AMER-IND MALE	10733 (68)
STR016	# 1ST-YR MED-ST: AMER-IND FEMALE	10734 (68)
STR017	# 1ST-YR MED-ST: CAUCASIAN MALE	10735 (68)
STR018	# 1ST-YR MED-ST: CAUCASIAN FEMALE	10736 (68)
STR019	# 1ST-YR MED-ST: MEX-AMER MALE	10737 (68)
STR020	# 1ST-YR MED-ST: MEX-AMER FEMALE	10738 (68)
STR021	# 1ST-YR MED-ST: ORIEN-AMER MALE	10739 (68)
STR022	# 1ST-YR MED-ST: ORIEN-AMER FEMALE	10740 (68)
STR023	# 1ST-YR MED-ST: MNLND-PR MALE	10741 (68)
STR024	# 1ST-YR MED-ST: MNLND-PR FEMALE	10742 (68)
STR025	# 1ST-YR MED-ST: OTHER MALE	10743 (68)
STR026	# 1ST-YR MED-ST: OTHER FEMALE	10744 (68)
STR027	# MALE MED-ST REPEATING 1ST-YR	10825 (68)
STR028	# FEMALE MED-ST REPEATING 1ST-YR	10826 (68)
STR029	# MED-ST ADMT ADV-STDG FR US-CAN MED-SCH	10878 (68)
STR030	# MED-ST ADMT ADV-STDG FR FRN MED-SCH	10882 (68)
STR031	# MED-ST ADMT ADV-STDG FR OSTEO MED-SCH	10886 (68)
STR032	# MED-ST ADMT ADV-STDG FR OTHER PROG	10890 (68)
STR033	# 1ST-YR MED-ST: PRE-MED GPA 3.6-4.0	10891 (68)
STR034	# 1ST-YR MED-ST: PRE-MED GPA 2.6-3.5	10892 (68)
STR035	# 1ST-YR MED-ST: PRE-MED GPA LT 2.5	10893 (68)
STR036	# 1ST-YR MED-ST: PRE-MED GPA UNKNOWN	10894 (68)
STR037	# 1ST-YR MED-ST: 2 YR COLL OR LESS	10896 (68)
STR038	# 1ST-YR MED-ST: 3 YR COLL	10897 (68)
STR039	# 1ST-YR MED-ST: 4 YR COLL OR MORE	10898 (68)

NAME	DESCRIPTION	IPS SOURCE OR FORMULA
STR040	# 1ST-YR MED-ST: HIGHEST DEG BA OR BS	10900 (68)
STR041	# 1ST-YR MED-ST: HIGHEST DEG MASTERS	10901 (68)
STR042	# 1ST-YR MED-ST: HIGHEST DEG DOCTORATE	10902 (68)
STR043	# 1ST-YR MED-ST: EARNED OTHER DEGREE	10903 (68)
STR044	# 1ST-YR MED-ST: NO DEGREE	10904 (68)
STR045	# PROJECTED 1ST-YR MED-ST - 1976-77	10911 (68)
STR046	# PROJECTED 1ST-YR MED-ST - 1980-81	10915 (68)
STR047	MED-SCH GIVES ADM PREF TO OTHER STATES	10926 (68)
STR048	# MED-ST FR STATES WITH ADM-PREF AGRMNT	10927 (68)
STR049	# STATE RESIDENT MED-ST	10928 (68)
STR050	# NON-RESIDENT MED-ST	10929 (68)
STR051	# STATE RESIDENT 1ST-YR MED-ST	10930 (68)
STR052	# NON-RESIDENT 1ST-YR MED-ST	10931 (68)
STR053	# MALE 1ST-YR MED-ST WITHDREW, ACADEMIC	10932 (68)
STR054	# FEMALE 1ST-YR MED-ST WITHDREW,ACADEMIC	10933 (68)
STR055	# MALE MED-ST WITHDREW, ACADEMIC REASONS	10940 (68)
STR056	# FEMALE MED-ST WITHDREW, ACAD. REASONS	10941 (68)
STR057	# MALE 1ST-YR MED-ST WITHDREW,ALL REASONS	10992 (68)
STR058	# FEMALE 1ST-YR MED-ST WITHDREW,ALL REAS.	10993 (68)
STR059	# MALE MED-ST WITHDREW, ALL REASONS	11000 (68)
STR060	# FEMALE MED-ST WITHDREW, ALL REASONS	11001 (68)
STR061	# RESIDENTS INSTR BY MED-SCH FAC	11164 (68)
STR062	# CLINICAL FELLOWS INSTR BY MED-SCH FAC	11165 (68)
STR063	# DENTAL STUDENTS INSTR BY MED-SCH FAC	11166 (68)
STR064	# PHARM STUDENTS INSTR BY MED-SCH FAC	11167 (68)
STR065	# NURSING ST INSTR BY MED-SCH FAC	11168 (68)
STR066	# PHY-ASSIST ST INSTR BY MED-SCH FAC	11169 (68)
STR067	# UG ART & SCI ST INSTR BY MED-SCH FAC	11170 (68)
STR068	# OTHER GRAD-ST INSTR BY MED-SCH FAC	11171 (68)
STR069	# OTHER AL-HLTH ST INSTR BY MED-SCH FAC	11172 (68)
STR070	# OTHER STUDENTS INSTR BY MED-SCH FAC	11173 (68)
STR071	TOT # NON-MED-ST INSTR BY MED-SCH FAC	11174 (68)
STR072	# MS CANDIDATES IN BASIC SCIENCE	11225 (68)
STR073	# PHD CANDIDATES IN BASIC SCIENCE	11226 (68)
STR074	# MS DEGREES CONFERRED - BAS SCI	11227 (68)
STR075	# PHD'S CONFERRED - BASIC SCIENCE	11228 (68)
STR076	# FELLOWS & POST-DOCS - BASIC SCIENCE	11229 (68)
STR077	# STUDENT-HOURS CONTINUING MED-ED	11232 (68)
STR078	AV ST-HOURS CONTINUING MED ED PER COURSE	11233 (68)
STR079	# GRADUATES PARTICIPATING IN NRMP	11558 (68)
STR080	# GRADUATES MATCHED IN NRMP	11559 (68)
STR081	# GRADUATES NOT MATCHED IN NRMP	11560 (68)
STR082	# GRADS ACCEPT RES APPT WITH FAC RESPON	11561 (68)

NAME	DESCRIPTION	IPS SOURCE OR FORMULA
STR083	# 1ST-YR MED-ST APPLYING FOR FIN AID	11859 (68)
STR084	# 1ST-YR MED-ST NEEDING FIN AID	11864 (68)
STR085	# 1ST-YR MED-ST RECEIVING FIN AID	11869 (68)
STR086	$ FIN AID NEEDED BY 1ST-YR MED-ST	11874 (68)
STR087	$ FIN AID AWARDED TO 1ST-YR MED-ST	11879 (68)
STR088	# FIN-YR MED-ST APPLYING FOR FIN AID	11862 (68)
STR089	# FIN-YR MED-ST NEEDING FIN AID	11867 (68)
STR090	# FIN-YR MED-ST RECEIVING FIN AID	11872 (68)
STR091	$ FIN AID NEEDED BY FIN-YR MED-ST	11877 (68)
STR092	$ FIN AID AWARDED TO FIN-YR MED-ST	11882 (68)
STR093	# MED-ST APPLYING FOR FIN AID	11863 (68)
STR094	# MED-ST NEEDING FIN AID	11868 (68)
STR095	# MED-ST RECEIVING FIN AID	11873 (68)
STR096	$ FIN AID NEEDED BY MED- ST	11878 (68)
STR097	$ FIN AID AWARDED TO MED-ST	11883 (68)
STR098	1975-76 RESIDENT TUITION	11923 (68)
STR099	1975-76 NON-RESIDENT TUITION	11924 (68)
STR100	# GEN RES POS OFFERED - INT MED	09923 (67)
STR101	# GEN RES POS FILLED - INT MED	09924 (67)
STR102	# TOT RES POS OFFERED - INT MED	09925 (67)
STR103	# TOT RES POS FILLED - INT MED	09926 (67)
STR104	# GEN RES POS OFFERED - PEDIATRICS	09927 (67)
STR105	# GEN RES POS FILLED - PEDIATRICS	09928 (67)
STR106	# TOT RES POS OFFERED - PEDIATRICS	09929 (67)
STR107	# TOT RES POS FILLED - PEDIATRICS	09930 (67)
STR108	# GEN RES POS OFFERED - OB-GYN	09931 (67)
STR109	# GEN RES POS FILLED - OB-GYN	09932 (67)
STR110	# TOT RES POS OFFERED - OB-GYN	09933 (67)
STR111	# TOT RES POS FILLED - OB-GYN	09934 (67)
STR112	# RES COMPLETED TRAINING IN FAM-MED,1973	09935 (67)
STR113	# RES COMPLETED TRAINING IN FAM-MED,1976	09936 (67)
STR114	# CMP RES IN FAM-MED & SEEK ADD TRN,1973	09937 (67)
STR115	# CMP RES IN FAM-MED & SEEK ADD TRN,1976	09938 (67)
STR116	# TOTAL 1ST-YR RES, 1975-76	12671 (71)
STR117	# TOTAL 2D-YR RES, 1975-76	12672 (71)
STR118	# TOTAL 3D-YR RES, 1975-76	12673 (71)
SYR119	# TOTAL 4TH-YR RES, 1975-76	12674 (71)
STR120	# TOTAL RES, 1975-76	12675 (71)
STR121	# 1ST-YR RES IN GEN-PRACTICE, 1975-76	12676 (71)
STR122	# 1ST-YR RES IN FAM-MED, 1975-76	12677 (71)
STR123	# 1ST-YR RES IN INTERN-MED, 1975-76	12678 (71)
STR124	# 1ST-YR RES IN PEDIATRICS, 1975-76	12679 (71)
STR125	# 1ST-YR RES IN OB-GYN, 1975-76	12680 (71)

NAME	DESCRIPTION	IPS SOURCE OR FORMULA
STR126	# TOTAL RES IN GEN-PRACTICE, 1975-76	12772 (71)
STR127	# TOTAL RES IN FAM-MED, 1975-76	12773 (71)
STR128	# TOTAL RES IN INTERN-MED, 1975-76	12774 (71)
STR129	# TOTAL RES IN PEDIATRICS, 1975-76	12775 (71)
STR130	# TOTAL RES IN OB-GYN, 1975-76	12776 (71)
STR131	# TOTAL 1ST-YR RES, 1976-77	12797 (71)
STR132	# TOTAL 2D-YR RE S, 1976-77	12798 (71)
STR133	# TOTAL 3D-YR RES, 1976-77	12799 (71)
STR134	# TOTAL 4TH-YR RES, 1976-77	12800 (71)
STR135	# TOTAL RES, 1976-77	12801 (71)
STR136	# 1ST-YR RES IN GEN-PRAC, 1976-77	12802 (71)
STR137	# 1ST-YR RES IN FAM-MED, 1976-77	12803 (71)
STR138	# 1ST-YR RES IN INTERN-MED, 1976-77	12804 (71)
STR139	# 1ST-YR RES IN PEDIATRICS, 1976-77	12805 (71)
STR140	# 1ST-YR RES IN OB-GYN, 1976-77	12806 (71)
STR141	# TOTAL RES IN GEN-PRACTICE, 1976-77	12898 (71)
STR142	# TOTAL RES IN FAM-MED, 1976-77	12899 (71)
STR143	# TOTAL RES IN INTERN-MED, 1976-77	12900 (71)
STR144	# TOTAL RES IN PEDIATRICS, 1976-77	12901 (71)
STR145	# TOTAL RES IN OB-GYN, 1976-77	12902 (71)
STR146	AMA: # TOTAL MD ALUMNI	13355 (25)
STR147	AMA: # MD-ALUM IN GEN PRACTICE	13356 (25)
STR148	AMA: # MD-ALUM IN MEDICAL SPECIALITIES	13357 (25)
STR149	AMA: # MD-ALUM IN INTERNAL MEDICINE	13362 (25)
STR150	AMA: # MD-ALUM IN PEDIATRICS	13363 (25)
STR151	AMA: # MD-ALUM IN OB-GYN	13371 (25)
STR152	AMA: # MD-ALUM NOT SPEC CLASSIFIED	13395 (25)
STR153	AMA: # MD-ALUM INACTIVE	13396 (25)
STR154	AMA: # MD-ALUM ADDRESS UNKNOWN	13397 (25)
STR155	AMA: # MD-ALUM IN PAT CARE	13398 (25)
STR156	AMA: # MD-ALUM IN OFF-BASED PAT CARE	13399 (25)
STR157	AMA: # MD-ALUM IN HOSP-BASED PAT CARE	13400 (25)
STR158	AMA: # MD-ALUM IN OTHER PROF ACTIVITY	13401 (25)
STR159	AMA: # MD-ALUM IN MEDICAL TEACHING	13402 (25)
STR160	AMA: # MD-ALUM IN ADMINISTRATION	13403 (25)
STR161	AMA: # MD-ALUM IN RESEARCH	13404 (25)
STR162	AMA: # MD-ALUM IN MISC PROF ACTIVITY	13405 (25)
STR163	AMA: # MD-ALUM NOT BOARD CERTIFIED	13409 (25)
STR164	AMA: # MD-ALUM CERTIFIED 1 BOARD	13410 (25)
STR165	AMA: # MD-ALUM CERTIFIED >1 BOARD	13411 (25)
STR166	AMA: % MD-ALUM OFF-BASED PRI CARE PRACT	13412 (25)
STR167	AMA: % MD-ALUM PRACT IN SAME STATE AS ME	13413 (25)
STR168	AMA: % MD-ALUM PRCT IN CONTIGUOUS STATE	13414 (25)

NAME	DESCRIPTION	IPS SOURCE OR FORMULA
STR169	AMA: % MD-ALUM PRCT IN NON-SMSA LOCATION	13415 (25)
STR170	AMA: # MD-ALUMNI 1960-69	13730 (25)
STR171	AMA: # MD-ALUM '60-69 IN GEN PRACTICE	13731 (25)
STR172	AMA: # MD-ALUM '60-69 IN MED SPEC	13732 (25)
STR173	AMA: # MD-ALUM '60-69 IN INT MED	13737 (25)
STR174	AMA: # MD-ALUM '60-69 IN PEDIATRICS	13738 (25)
STR175	AMA: # MD-ALUM '60-69 IN SURG SPEC	13742 (25)
STR176	AMA: # MD-ALUM '60-69 IN OB-GYN	13746 (25)
STR177	AMA: # MD-ALUM '60-69 NOT SPEC CLSSFD	13770 (25)
STR178	AMA: # MD-ALUM '60-69 INACTIVE	13771 (25)
STR179	AMA: # MD-ALUM '60-69 ADDR UNKNOWN	13772 (25)
STR180	AMA: # MD-ALUM '60-69 IN PAT CARE	13773 (25)
STR181	AMA: # MD-ALUM '60-69 IN OFF-HSP PAT CAR	13774 (25)
STR182	AMA: # MD-ALUM '60-69 IN HSP-HSP PAT CAR	13775 (25)
STR183	AMA: # MD-ALUM '60-69 IN MED TCHING	13777 (25)
STR184	AMA: # MD-ALUM '60-69 IN RESEARCH	13779 (25)
STR185	AMA: # MD-ALUM '60-69 NOT BOARD CERT	13784 (25)
STR186	AMA: # MD-ALUM '60-69 CERT 1 BOARD	13785 (25)
STR187	AMA: # MD-ALUM '60-69 CERT >1 BOARD	13786 (25)
STR188	APPLICANTS, MALE.	13055 (72)
STR189	APPLICANTS, FEMALE.	13056 (72)
STR190	APPLICANTS, UNSEXED	13057 (72)
STR191	APPLICANTS,TOTAL	13058 (72)
STR192	MEAN APPL, AGE TIME OF ADMISSION	13059 (72)
STR193	STD DEV APPL, AGE AT ADMISSION	13060 (72)
STR194	US CIT, APPL, AFRO-AMERICAN,	13061 (72)
STR195	US CIT, APPL, AMERICAN-INDIAN,	13062 (72)
STR196	US CIT,APPL, CAUCASIAN,	13063 (72)
STR197	US CIT, APPL, ORIENTAL-AMERICAN,	13064 (72)
STR198	US CIT, APPL, MEXICAN-AMERICAN,	13065 (72)
STR199	US CIT, APPL, PUERTO-RICAN, MAINLAND	13066 (72)
STR200	US CIT,APPL, PUERTO-RICAN, COMMONWEALTH	13067 (72)
STR201	US CIT,APPL, CUBAN,	13068 (72)
STR202	US CIT,APPL, OTHER ETHNIC	13069 (72)
STR203	US CIT,APPL, NO RESPONSE TO ETHNIC	13070 (72)
STR204	APPL, NO UNDERGRADUATE DEGREE	13071 (72)
STR205	APPL, BACHELORS DEGREE,	13072 (72)
STR206	APPL, MASTERS DEGREE,	13073 (72)
STR207	APPL, PHD DEGREE,	13074 (72)
STR208	APPL, OTHER DOCTORAL DEGREE,	13075 (72)
STR209	APPL, NOT RESPONDING TO DEGREE QUESTION	13076 (72)
STR210	APPL,# UNDERGRAD,MAJORS - BIOLOG SCI	13077 (72)
STR211	APPL,# UNDERGRAD,MAJORS - HUMAN &ARTS	13078 (72)

NAME	DESCRIPTION	IPS SOURCE OR FORMULA
STR212	APPL.W UNDERGRAD.MAJORS - PHYS SCI&MATH	13079 (72)
STR213	APPL.W UNDERGRAD.MAJORS - SOCIAL SCI	13080 (72)
STR214	APPL.W UNDERGRAD.MAJORS - PREMED	13081 (72)
STR215	APPL.W UNDERGRAD.MAJORS - OTHER	13082 (72)
STR216	APPL.W UNDERGRAD.MAJORS - UNSPECIFIED	13083 (72)
STR217	MEAN CUM UNDERGRAD.BCPM GPA. APPL.MALE.	13084 (72)
STR218	STD DEV UNDERGRAD.BCPM GPA. APPL.MALE.	13085 (72)
STR219	MEAN CUM UNDERGRAD.TOTAL GPA. APPL.MALE.	13086 (72)
STR220	STD DEV UNDERGRAD.TOTAL GPA. APPL.MALE.	13087 (72)
STR221	MEAN CUM UNDERGRAD.BCPM GPA. APPL.FEM.	13088 (72)
STR222	STD DEV UNDERGRAD.BCPM GPA. APPL.FEM.	13089 (72)
STR223	MEAN CUM UNDERGRAD.TOTAL GPA. APPL.FEM.	13090 (72)
STR224	STD DEV UNDERGRAD.TOTAL GPA. APPL.FEM.	13091 (72)
STR225	MEAN CUM UNDERGRAD.BCPM GPA. APPL. TOTAL	13092 (72)
STR226	STD DEV UNDERGRAD.BCPM GPA. APPL.TOTAL	13093 (72)
STR227	MEAN CUM UNDERGRAD.TOTAL GPA. APPL.TOTAL	13094 (72)
STR228	STD DEV UNDERGRAD.TOTAL GPA. APPL.TOTAL	13095 (72)
STR229	APPL. TAKEN MCAT.ONCE	13096 (72)
STR230	APPL. TAKEN MCAT.TWICE	13097 (72)
STR231	APPL. TAKEN MCAT.THREE OR MORE TIMES	13098 (72)
STR232	MEAN MCAT.VERBAL SCORES OF APPL. MALE.	13099 (72)
STR233	MEAN MCAT.QUANT SCORES OF APPL. MALE.	13100 (72)
STR234	MEAN MCAT.GENERAL SCORES OF APPL. MALE.	13101 (72)
STR235	MEAN MCAT.SCIENCE SCORES OF APPL. MALE.	13102 (72)
STR236	STD DEV MCAT.VERBAL APPL. MALE.	13103 (72)
STR237	STD DEV MCAT.QUANT APPL. MALE.	13104 (72)
STR238	STD DEV MCAT.GENERAL APPL. MALE.	13105 (72)
STR239	STD DEV MCAT.SCIENCE APPL. MALE.	13106 (72)
STR240	MEAN MCAT.VERBAL SCORES OF APPL. FEM.	13107 (72)
STR241	MEAN MCAT.QUANT SCORES OF APPL. FEM.	13108 (72)
STR242	MEAN MCAT.GENERAL SCORES OF APPL. FEM.	13109 (72)
STR243	MEAN MCAT.SCIENCE SCORES OF APPL. FEM.	13110 (72)
STR244	STD DEV MCAT.VERBAL APPL. FEM.	13111 (72)
STR245	STD DEV MCAT.QUANT APPL. FEM.	13112 (72)
STR246	STD DEV MCAT.GENERAL APPL. FEM.	13113 (72)
STR247	STD DEV MCAT.SCIENCE APPL. FEM.	13114 (72)
STR248	MEAN MCAT.VERBAL SCORES OF APPL. TOTAL	13115 (72)
STR249	MEAN MCAT.QUANT SCORES OF APPL. TOTAL	13116 (72)
STR250	MEAN MCAT.GENERAL SCORES OF APPL. TOTAL	13117 (72)
STR251	MEAN MCAT.SCIENCE SCORES OF APPL. TOTAL	13118 (72)
STR252	STD DEV MCAT.VERBAL APPL. TOTAL	13119 (72)
STR253	STD DEV MCAT.QUANT APPL. TOTAL	13120 (72)
STR254	STD DEV MCAT.GENERAL APPL. TOTAL	13121 (72)

NAME	DESCRIPTION	IPS SOURCE OR FORMULA
STR255	STD DEV MCAT.SCIENCE APPL. TOTAL	13122 (72)
STR256	APPL.INDIC CAREER GENERAL PRACTICE	13123 (72)
STR257	APPL.INDIC CAREER SPECIALTY PRACTICE	13124 (72)
STR258	APPL.INDIC CAREER RESEARCH AND OR TCH	13125 (72)
STR259	APPL.INDIC CAREER SPEC-PRAC & RES/TCH	13126 (72)
STR260	APPL. INDIC CAREER OTHER	13127 (72)
STR261	APPL. INDIC CAREER UNDECIDED	13128 (72)
STR262	APPL. INDIC CAREER NO RESPONSE	13129 (72)
STR263	APPL. INDIC SPEC PLAN BASIC-SCI.	13130 (72)
STR264	APPL. INDIC SPEC PLAN FAMILY-PRAC.	13131 (72)
STR265	APPL. INDIC SPEC PLAN INTERNAL-MED.	13132 (72)
STR266	APPL. INDIC SPEC PLAN OB-GYN.	13133 (72)
STR267	APPL. INDIC SPEC PLAN PEDIATRICS .	13134 (72)
STR268	APPL. INDIC SPEC PLAN PSYCHIATRY.	13135 (72)
STR269	APPL. INDIC SPEC PLAN PUB-HLTH.COMM-MED	13136 (72)
STR270	APPL. INDIC SPEC PLAN SURGERY.	13137 (72)
STR271	APPL. INDIC SPEC PLAN SURGICAL SPECIALTY	13138 (72)
STR272	APPL. INDIC SPEC PLAN OTHER SPECIFIED	13139 (72)
STR273	APPL. INDIC SPEC PLAN PLAN TO SPECIALIZE	13140 (72)
STR274	APPL. INDIC SPEC PLAN DONT PLAN TO SPEC	13141 (72)
STR275	APPL.INDIC SPEC PLAN- UNDECIDED OR UNKNO	13142 (72)
STR276	APPL.INDIC LOC OF PRAC SMALL TOWN <2,5	13143 (72)
STR277	APPL.INDIC LOC OF PRAC SMALL CITY 2,5-50	13144 (72)
STR278	APPL.INDIC LOC OF PRAC MOD CITY 50-500	13145 (72)
STR279	APPL.INDIC LOC OF PRAC LRGE CITY >500	13146 (72)
STR280	APPL.INDIC LOC OF PRAC SUBURB OF LGE CIT	13147 (72)
STR281	APPL.INDIC LOC OF PRAC NOT INDICATED	13148 (72)
STR282	APPL.FATHERS EDUC 8TH GRADE OR <	13149 (72)
STR283	APPL.FATHERS EDUC HIGH SCHL SOME COMPLTD	13150 (72)
STR284	APPL.FATHERS EDUC TECH TRNG OR SOME COLL	13151 (72)
STR285	APPL.FATHERS EDUC COMPLTD COLLEGE	13152 (72)
STR286	APPL.FATHERS EDUC GRAD OR PROFESSIONAL	13153 (72)
STR287	APPL.FATHERS EDUC OTHER	13154 (72)
STR288	APPL.FATHERS EDUC UNKNOWN	13155 (72)
STR289	# APPL.WITH MD. FATHERS	13156 (72)
STR290	APPL.FATHER-CLK,SALES,EQP OPER,SKLD,UNSK	13157 (72)
STR291	APPL. PARENT INCOME <10000	13158 (72)
STR292	APPL. PARENT INCOME 10000-14999	13159 (72)
STR293	APPL. PARENT INCOME 15000-19999	13160 (72)
STR294	APPL. PARENT INCOME 20000-24999	13161 (72)
STR295	APPL. PARENT INCOME 25000-49999	13162 (72)
STR296	APPL. PARENT INCOME >50000	13163 (72)
STR297	APPL. PARENT INCOME NO RESPONSE	13164 (72)

NAME	DESCRIPTION	IPS SOURCE OR FORMULA
STR298	APPL.SPENT PRE-COLL YRS ON A FARM	13165 (72)
STR299	APPL.SPENT PRE-COLL YRS SMALL TOWN <2,5	13166 (72)
STR300	APPL.SPENT PRE-COLL YRS SM CITY 2,5-50	13167 (72)
STR301	APPL.SPENT PRE-COLL YRS MOD CITY 50-500	13168 (72)
STR302	APPL.SPENT PRE-COLL YRS LGE CITY >500	13169 (72)
STR303	APPL.SPENT PRE-COLL YRS SUB OF LGE CITY	13170 (72)
STR304	APPL.SPENT PRE-COLL YRS LOC TYPE UNKNOWN	13171 (72)
STR305	APPL.WHO PREV APPLIED TO ANY MO-SCHL	13172 (72)
STR306	APPL.ACCEPTANCES OFFERED BY MEO-COLL	13173 (72)
STR307	APPL.ACCEPTANCES ALSO ACCEPTED ELSEWHERE	13174 (72)
STR308	MATRICULANTS. MALE.	13229 (72)
STR309	MATRICULANTS. FEMALE.	13230 (72)
STR310	MATRICULANTS. UNSEXED	13231 (72)
STR311	MATRICULANTS.TOTAL	13232 (72)
STR312	MEAN MATRC. AGE TIME OF ADMISSION	13233 (72)
STR313	STD DEV MATRC. AGE AT ADMISSION	13234 (72)
STR314	US CIT. MATRC. AFRO-AMERICAN.	13235 (72)
STR315	US CIT. MATRC. AMERICAN-INDIAN.	13236 (72)
STR316	US CIT.MATRC. CAUCASIAN.	13237 (72)
STR317	US CIT. MATRC. ORIENTAL-AMERICAN.	13238 (72)
STR318	US CIT. MATRC. MEXICAN-AMERICAN.	13239 (72)
STR319	US CIT. MATRC. PUERTO-RICAN. MAINLAND	13240 (72)
STR320	US CIT.MATRC.PUERTO-RICAN. COMMONWEALTH	13241 (72)
STR321	US CIT.MATRC. CUBAN.	13242 (72)
STR322	US CIT.MATRC. OTHER ETHNIC	13243 (72)
STR323	US CIT.MATRC. NO RESPONSE TO ETHNIC	13244 (72)
STR324	MATRC. NO UNDERGRADUATE.DEGREE.	13245 (72)
STR325	MATRC. BACHELORS DEGREE.	13246 (72)
STR326	MATRC. MASTERS DEGREE.	13247 (72)
STR327	MATRC. PHD DEGREE.	13248 (72)
STR328	MATRC. OTHER DOCTORAL DEGREE.	13249 (72)
STR329	MATRC. NOT RESPONDING TO DEGREE QUESTION	13250 (72)
STR330	MATRC.W UNDERGRAD.MAJORS - BIOLOG SCI	13251 (72)
STR331	MATRC.W UNDERGRAD.MAJORS - HUMAN &ARTS	13252 (72)
STR332	MATRC.W UNDERGRAD.MAJORS - PHYS SCI&MATH	13253 (72)
STR333	MATRC.W UNDERGRAD.MAJORS - SOCIAL SCI	13254 (72)
STR334	MATRC.W UNDERGRAD.MAJORS - PREMED	13255 (72)
STR335	MATRC.W UNDERGRAD.MAJORS - OTHER	13256 (72)
STR336	MATRC.W UNDERGRAD.MAJORS - UNSPECIFIED	13257 (72)
STR337	MEAN CUM UNDERGRAD.BCPM GPA. MATRC.MALE.	13258 (72)
STR338	STD DEV UNDERGRAD.BCPM GPA.MATRC.MALE.	13259 (72)
STP339	MEAN CUM UNDERGRAD.TOTAL GPA. MATRC.MALE	13260 (72)
STR340	STD DEV UNDERGRAD.TOTAL GPA. MATRC.MALE.	13261 (72)

NAME	DESCRIPTION	IPS SOURCE OR FORMULA
STR341	MEAN CUM UNDERGRAD.BCPM GPA. MATRC.FEM.	13262 (72)
STR342	STD DEV UNDERGRAD.BCPM GPA. MATRC.FEM.	13263 (72)
STR343	MEAN CUM UNDERGRAD.TOTAL GPA. MATRC.FEM.	13264 (72)
STR344	STD DEV UNDERGRAD.TOTAL GPA. MATRC.FEM.	13265 (72)
STR345	MEAN CUM UNDERGRAD.BCPM GPA. MATRC.TOTAL	13266 (72)
STR346	STD DEV UNDERGRAD.BCPM GPA. MATRC.TOT	13267 (72)
STR347	MEAN CUM UNDERGRAD.TOTAL GPA.MATRC.TOTAL	13268 (72)
STR348	STD DEV UNDERGRAD.TOTAL GPA. MATRC.TOTAL	13269 (72)
STR349	MATRC. TAKEN MCAT.ONCE	13270 (72)
STR350	MATRC. TAKEN MCAT.TWICE	13271 (72)
STR351	MATRC. TAKEN MCAT.THREE OR MORE TIMES	13272 (72)
STR352	MEAN MCAT.VERBAL SCORES OF MATRC.MALE.	13273 (72)
STR353	MEAN MCAT.QUANT SCORES OF MATRC.MALE.	13274 (72)
STR354	MEAN MCAT.GENERAL SCORES OF MATRC.MALE.	13275 (72)
STR355	MEAN MCAT.SCIENCE SCORES OF MATRC.MALE.	13276 (72)
STR356	STD DEV MCAT.VERBAL MATRC.MALE.	13277 (72)
STR357	STD DEV MCAT.QUANT MATRC.MALE.	13278 (72)
STR358	STD DEV MCAT.GENERAL MATRC.MALE.	13279 (72)
STR359	STD DEV MCAT.SCIENCE MATRC.MALE.	13280 (72)
STR360	MEAN MCAT.VERBAL SCORES OF MATRC.FEMALE	13281 (72)
STR361	MEAN MCAT.QUANT SCORES OF MATRC.FEMALE.	13282 (72)
STR362	MEAN MCAT.GENERAL SCORES OF MATRC.FEMALE	13283 (72)
STR363	MEAN MCAT.SCIENCE SCORES OF MATRC.FEMALE	13284 (72)
STR364	STD DEV MCAT.VERBAL MATRC.FEMALE.	13285 (72)
STR365	STD DEV MCAT.QUANT MATRC.FEMALE.	13286 (72)
STR366	STD DEV MCAT.GENERAL MATRC.FEMALE.	13287 (72)
STR367	STD DEV MCAT.SCIENCE MATRC.FEMALE.	13288 (72)
STR368	MEAN MCAT.VERBAL SCORES OF MATRC.TOTAL	13289 (72)
STR369	MEAN MCAT.QUANT SCORES OF MATRC.TOTAL	13290 (72)
STR370	MEAN MCAT.GENERAL SCORES OF MATRC.TOTAL	13291 (72)
STR371	MEAN MCAT.SCIENCE SCORES OF MATRC.TOTAL	13292 (72)
STR372	STD DEV MCAT.VERBAL MATRC.TOTAL	13293 (72)
STR373	STD DEV MCAT.QUANT MATRC.TOTAL	13294 (72)
STR374	STD DEV MCAT.GENERAL MATRC.TOTAL	13295 (72)
STR375	STD DEV MCAT.SCIENCE MATRC.TOTAL	13296 (72)
STR376	MATRC.INDIC CAREER GENERAL PRACTICE	13297 (72)
STR377	MATRC.INDIC CAREER SPECIALTY PRACTICE	13298 (72)
STR378	MATRC.INDIC CAREER RES AND/OR TCH	13299 (72)
STR379	MATRC.INDIC CAREER SPEC-PRAC & RES/TCH	13300 (72)
STR380	MATRC. INDIC CAREER OTHER	13301 (72)
STR381	MATRC. INDIC CAREER UNDECIDED	13302 (72)
STR382	MATRC. INDIC CAREER NO RESPONSE	13303 (72)
STR383	MATRC. INDIC SPEC PLAN BASIC-SCIENCES.	13304 (72)

NAME	DESCRIPTION	IPS SOURCE OR FORMULA
STR384	MATRC. INDIC SPEC PLAN FAMILY-PRACTICE.	13305 (72)
STR385	MATRC. INDIC SPEC PLAN INTERNAL-MEDICINE	13306 (72)
STR386	MATRC. INDIC SPEC PLAN OB-GYN.	13307 (72)
STR387	MATRC. INDIC SPEC PLAN PEDIATRICS.	13308 (72)
STR388	MATRC. INDIC SPEC PLAN PSYCHIATRY.	13309 (72)
STR389	MATRC. INDIC SPEC PLAN PUB-HLTH.COMM-MED	13310 (72)
STR390	MATRC. INDIC SPEC PLAN SURGERY.	13311 (72)
STR391	MATRC. INDIC SPEC PLAN SURGICAL SPEC	13312 (72)
STR392	MATRC. INDIC SPEC PLAN OTHER SPEC	13313 (72)
STR393	MATRC. INDIC SPEC PLAN PLAN TO SPEC	13314 (72)
STR394	MATRC. INDIC SPEC PLAN DONT PLAN TO SPEC	13315 (72)
STR395	MATRC.INDIC SPEC PLAN- UNDECIDED OR UNKN	13316 (72)
STR396	MATRC. INDIC LOC OF PRAC SMALL TOWN <2,5	13317 (72)
STR397	MATRC. INDIC LOC OF PRAC SM CITY 2,5-50	13318 (72)
STR398	MATRC. INDIC LOC OF PRAC MOD CITY 50-500	13319 (72)
STR399	MATRC. INDIC LOC OF PRAC LGE CITY >500	13320 (72)
STR400	MATRC. INDIC LOC OF PRAC SUB OF LGE CITY	13321 (72)
STR401	MATRC. INDIC LOC OF PRAC NOT INDICATED	13322 (72)
STR402	MATRC.FATHERS EDUC 8TH GRADE OR <	13323 (72)
STR403	MATRC.FATHERS EDUC HIGH SCHL SOME COMPLT	13324 (72)
STR404	MATRC.FATHERS EDUC TECH TRN OR SOME COLL	13325 (72)
STR405	MATRC.FATHERS EDUC COMPLTD COLLEGE	13326 (72)
STR406	MATRC.FATHERS EDUC GRAD OR PROFESSIONAL	13327 (72)
STR407	MATRC.FATHERS EDUC OTHER	13328 (72)
STR408	MATRC.FATHERS EDUC UNKNOWN	13329 (72)
STR409	MATRC.WITH MD.FATHERS	13330 (72)
STR410	MATRC.FATHER-CLK,SALES,EQP OPER,SKLD,UNS	13331 (72)
STR411	MATRC. PARENT INCOME <10000	13332 (72)
STR412	MATRC. PARENT INCOME 10000-14999	13333 (72)
STR413	MATRC. PARENT INCOME 15000-19999	13334 (72)
STR414	MATRC. PARENT INCOME 20000-24999	13335 (72)
STR415	MATRC. PARENT INCOME 25000-49999	13336 (72)
STR416	MATRC. PARENT INCOME >50000	13337 (72)
STR417	MATRC. PARENT INCOME NO RESPONSE	13338 (72)
STR418	MATRC.SPENT PRE-COLL YRS ON A FARM	13339 (72)
STR419	MATRC.SPENT PRE-COLL YRS SM TOWN <2,5	13340 (72)
STR420	MATRC.SPENT PRE-COLL YRS SM CITY 2,5-50	13341 (72)
STR421	MATRC.SPENT PRE-COLL YRS MOD CITY 50-500	13342 (72)
STR422	MATRC.SPENT PRE-COLL YRS LGE CITY >500	13343 (72)
STR423	MATRC.SPENT PRE-COLL YRS SUB LGE CITY	13344 (72)
STR424	MATRC.SPENT PRE-COLL YRS UNKNOWN	13345 (72)
STR425	MATRC.WHO PREV APPLIES TO ANY MD-SCHOOL	13346 (72)
STR426	MATRC.ACCEPTANCE ALSO ACCEPTED ELSEWHERE	13347 (72)

NAME	DESCRIPTION	IPS SOURCE OR FORMULA
STR427	# 1ST-YR MED-ST: 1970-71	02301 + 02302 (13)
STR428	# 1ST-YR MED-ST: 1971-72	00005 + 00006 (1)
STR429	# 1ST-YR MED-ST: 1972-73	03139 (4)
STR430	# 1ST-YR MED-ST: 1973-74	01382 (10)
STR431	# 1ST-YR MED-ST: 1974-75	07145 (57)
STR432	1976-77 RESIDENT TUITION	11925 (68)
STR433	AFRO-AMERICAN UNDERGRAD MD STUDENTS-MALE	10795 (68)
STR434	AFRO-AMERICAN UNDERGRAD MD STUDENTS-FEMALE	10796 (68)
STR435	AMERICAN INDIAN UNDERGRAD MD STUDENTS-MALE	10797 (68)
STR436	AMERICAN INDIAN UNDERGRAD MD STUD.-FEMALE	10798 (68)
STR437	MEXICAN AMERICAN UNDERGRAD MD STUD.-MALE	10801 (68)
STR438	MEXICAN AMERICAN UNDERGRAD MD STUD.-FEMALE	10802 (68)
STR439	MAINLAND PUERTO RICAN UG. MD STUD.-MALE	10805 (68)
STR440	MAINLAND PUERTO RICAN UG. MD STUD.-FEMALE	10806 (68)
STR441	AFRO AMERICAN FINAL YEAR STUDENTS-MALE	10779 (68)
STR442	AFRO AMERICAN FINAL YEAR STUDENTS-FEMALE	10780 (68)
STR443	AMERICAN INDIAN FINAL YEAR STUDENTS-MALE	10781 (68)
STR444	AMERICAN INDIAN FINAL YEAR STUDENTS-FEMALE	10782 (68)
STR445	MEXICAN AMERICAN FINAL YR. STUDENTS-MALE	10785 (68)
STR446	MEXICAN AMERICAN FINAL YR. STUDENTS-FEMALE	10786 (68)
STR447	MAINLAND PUERTO RICAN FINAL YR. STUD.-MALE	10789 (68)
STR448	MAINLAND PUERTO RICAN FINAL YR.STUD-FEMALE	10790 (68)

COMPUTED VARIABLES

NAME	DESCRIPTION	IPS SOURCE OR FORMULA
STC001	% FEMALE 1ST-YR MD STUDENTS	(STR002*100)/STR003
STC002	% FEMALE FINAL YR MD STUDENTS	(STR005*100)/STR006
STC003	% FEMALE MD STUDENTS	(STR008*100)/STR009
STC004	% MALE MD STUD REPEATING 1ST YR	(STR027*100)/STR001
STC005	% FEMALE MD STUD REPEATING 1ST YR	(STR028*100)/STR002
STC006	% MD STUD IN 1ST YEAR	(STR003*100)/STR009
STC007	% MD STUD IN FINAL YEAR	(STR006*100)/STR009
STC008	% NON-US-CANADIAN 1ST-YR MD STUD	(STR010*100)/STR003
STC009	% NON US-CANADIAN FIN YR MD STUD	(STR011*100)/STR006
STC010	% NON US-CANADIAN MD STUD	(STR012*100)/STR009
STC011	# MD STUD ADMT ADV STANDING	(STR029+STR030+STR031+STR032)
STC012	% ADMT MD STUD WITH ADV STANDING	(STC011*100)/(STR003+STC011)
STC013	% 1ST-YR MD STUD:PRE-MED GPA 3.6-4.0	(STR030*100)/STR003
STC014	% 1ST-YR MD STUD: PRE-MED GPA 2.6-3.5	(STR034*100)/STR003

NAME	DESCRIPTION	IPS SOURCE OR FORMULA
STC015	% 1ST-YR MD STUD: PRE-MED GPA 2.5	(STR035*100)/STR003
STC016	% 1ST-YR MD STUD: PRE-MED GPA UNK	(STR036*100)/STR003
STC017	% 1ST-YR MD STUD: 2 YR COLL OR LESS	(STR037*100)/STR003
STC018	% 1ST-YR MD STUD: 3 YR COLL	(STR038*100)/STR003
STC019	% 1ST-YR MD STUD: 4 YR COLL OR MORE	(STR039*100)/STR003
STC020	% 1ST-YR MD STUD: NO DEGREE	(STR044*100)/STR003
STC021	% 1ST-YR MD STUD: BA OR BS	(STR040*100)/STR003
STC022	% 1ST-YR MD STUD: MASTERS DEGREE	(STR041*100)/STR003
STC023	% 1ST-YR MD STUD: PH.D.	(STR042*100)/STR003
STC024	% 1ST-YR MD STUD: OTHER DEGREE	(STR043*100)/STR003
STC025	% 1ST-YR MD STUD: MASTERS OR PHD	((STR043+STR042)*100)/STR003
STC026	RAT: IN-STATE TO NON-RES 1ST YR MD STUD	STR051/STR052
STC027	RAT: IN-STATE TO NON-RES MD STUD	STR049/STR050
STC028	% IN-STATE MD STUD	(STR049*100)/STR009
STC029	% IN-STATE 1ST-YR MD STUD	(STR051*100)/STR003
STC030	% 1ST-YR MALE MD STUD WITHDREW,ACADEMIC	(STR053*100)/STR001
STC031	% 1ST-YR FEMALE MD STUD WITHDREW,ACADEMI	(STR054*100)/STR002
STC032	% 1ST-YR MD STUD WITHDREW,ACADEMIC	(STR053+STR054)*100/STR003
STC033	% MALE MD STUD WITHDREW,ACADEMIC	(STR055*100)/STR007
STC034	% FEMALE MD STUD WITHDREW,ACADEMIC	(STR056*100)/STR008
STC035	% MD STUD WITHDREW,ACADEMIC	((STR055+STR056)*100)/STR009
STC036	% 1ST-YR MALE MD STUD WITHDREW,ALL	(STR057*100)/STR001
STC037	% 1ST-YR FEMALE MD STUD WITHDREW,ALL	(STR058*100)/STR002
STC038	% 1ST-YR MD STUD WITHDREW,ALL	((STR057+STR058)*100)/STR003
STC039	% MALE MD STUD WITHDREW,ALL	(STR059*100)/STR007
STC040	% FEMALE MD STUD WITHDREW,ALL	(STR060*100)/STR008
STC041	% MD STUD WITHDREW,ALL	((STR059+STR060)*100)/STR009
STC042	# POST GRAD MD STUD - HOUSESTAFF	STR061 + STR062
STC043	RAT:HOUSESTAFF TO UNDERGRAD MD STUD	STC042/STR009
STC044	RAT: ALLIED-HLTH-STU TO UNDERGRAD MD STU	STR071/STR009
STC045	RAT:BMS GRAD STUD TO UNDERGRAD MD STUD	(STR072+STR073+STR076)/STR009
STC055	% 1ST-YR MD STUD APPLY FIN AID	(STR083*100)/STR003
STC056	% FIN YR MD STUD APPLY FIN AID	(STR089*100)/STR006
STC057	% MD STUD APPLY FIN AID	(STR093*100)/STR009
STC058	% 1ST-YR MD STUD REC FIN AID FR MED SCH	(STR090*100)/STR006
STC060	% MD STUD REC FIN AID FR MED SCH	(STR095*100)/STR009
STC061	% 1ST-YR APPLICANTS REC AID FR MED SCH	(STR085*100)/STR083
STC062	% FIN YR APPLICANTS REC AID FR MED SCH	(STR090*100)/STR006
STC063	% ALL APPLICANTS REC FIN AID FR MED SCH	(STR095*100)/STR093
STC064	% 1ST-YR APPLICANTS NEEDING AID	(STR084*100)/STR083
STC065	% FIN YR APPLICANTS NEEDING AID	(STR089*100)/STR006
STC066	% ALL APPLICANTS NEEDING AID	(STR094*100)/STR093
STC067	% 1ST-YR MD STUD NEEDING AID WHO REC AI	(STR085*100)/STR084

NAME	DESCRIPTION	IPS SOURCE OR FORMULA
STC068	% FIN YR MD STUD NEEDING AID WHO REC AID	(STR090*100)/STR089
STC069	% MD STUD NEEDING AID WHO REC AID	(STR095*100)/STR094
STC070	$ NEEDED PER 1ST-YR MD STUD NEEDING AID	STR086/STR084
STC071	$ AWARDED PER 1ST-YR MD STUD REC AID	STR087/STR085
STC072	$ NEEDED PER MD STUD NEEDING AID	STR096/STR094
STC073	$ AWARDED PER MD STUD REC AID	STR097/STR095
STC074	$ AWARDED PER FIN YR MD STUD REC AID	STR092/STR090
STC078	% $ AWARD TO $ NEED - 1ST YR MD STUD	(STR087*100)/STR086
STC079	% $ AWARD TO $ NEED - ALL MD STUD	(STR097*100)/STR096
STC080	% AFRO-AMERICAN 1ST-YR MD STUD	((STR013+STR014)*100)/STR003
STC082	% UNDERREP MINORITY 1ST YR MD STUD	STC080+((STR015+STR016+STR021+STR022+ STR019+STR020+STR023+STR024)*100)/STR003
STC084	RAT:APPLICANTS PER 1ST-YR MD STUDENT	STR191/STR311
STC104	# 60-69 MD ALUMNI REPORTING SPECIALTY	STR170-STR177-STR178-STR179
STC105	AMA:% 60-69 ALUMNI IN GENL PRACTICE	100*STR171/STC104
STC106	AMA:% 60-69 GRADS IN MED SPECIALTY	100*STR172/STC104
STC107	AMA:% 60-69 GRADS IN SURGICAL SPECIALTY	100*STR175/STC104
STC112	AMA:% 60-69 ALUMNI BOARD CERTIFIED	100*(STR186+STR187)/(STR185+STR186+STR187)
STC113	FRS:AMA EST % ALUMS ON FT FAC OF ANY SCH	100*FAM043/(STR146-STR153+3*STR006)
STC114	PROJTD ANNL % 1ST-YR ENROLL CHG 1975-80	100*(EXP(LN(STR046/STR003)/5)-1.0)
STC118	% 1ST-YR 75-76 RESDNTS IN GP,FM IM OR PE	100*(STR121+STR122+STR123+STR124)/STR116
STC119	% ALL 75-6 RESDNTS IN GP FM IM OR PED	100*(STR126+STR127+STR128+STR129)/STR120
STC120	AMA:% 60-69 GRADS IN GP IM OR PED	100*(STR171+STR173+STR174)/STC104
STC121	AMA:% 60-69 GRADS IN PATIENT CARE	100*STR180/STC104
STC122	AMA:% 60-69 GRADS IN OFFICE-BASED P.C.	100*STR181/STC104
STC123	AMA:% 60-69 GRADS IN HOSP-BASED P.C.	100*STR182/STC104
STC124	AMA:% 60-69 GRADS IN MED TEACHING	100*STR183/STC104
STC125	AMA:% 60-69 GRADS IN RESEARCH ACTIVITY	100*STR184/STC104
STC126	ADMISSION ODDS	STR311/(STR191-STR311)
STC127	ADMISSION ODDS IF MALE	STR308/(STR188-STR308)
STC128	ADMISSION ODDS IF FEMALE	STR309/(STR189-STR309)
STC129	ADMISSION ODDS RATIO IF FEMALE	STC128/STC126
STC130	INDEX OF APPL-MATR AGE DIFFERENCE	(STR192-STR312)/SQRT(STR193**2/STR191+STR313**2/STR311
STC131	MSIS: # APPLS FROM UNDERREP MINOR.	STR194+STR195+STR198+STR199
STC132	MSIS: # MATRICS FROM UNDERREP MINOR.	STR314+STR315+STR318+STR319
STC133	ADMISSION ODDS IF UNDERREP MINORITY	STC132/(STC131-STC132)
STC134	ADMISSION ODDS RATIO IF UNDERREP MINOR.	STC133/STC126
STC135	ADMISS ODDS FOR HOLDERS OF ADV DEGREES	(STR326+STR327+STR328)/((STR206+STR207+STR208) -(STR326+STR327+STR328))
STC136	ADM ODDS RATIO FOR ADV DEGREE HOLDERS	STC135/STC126
STC137	ADM ODDS FOR PREMED & BIOLOGY MAJORS	(STR334+STR330)/(STR214+STR210-STR334-STR330)
STC138	ADM ODDS RATIO FOR PREMED & BIOL MAJORS	STC137/STC126
STC139	ADM ODDS FOR HUMANITIES & ARTS MAJORS	STR331/(STR211-STR331)

NAME	DESCRIPTION	IPS SOURCE OR FORMULA
STC140	ADM ODDS RATIO FOR HUMAN & ARTS MAJORS	STC139/STC126
STC141	ADM ODDS FOR PHYS SCI & MATH MAJORS	STR332/(STR212-STR332)
STC142	ADM ODDS RATIO FOR PHYS SCI & MATH MAJOR	STC141/STC126
STC143	ADM ODDS FOR SOCIAL SCIENCE MAJORS	STR333/(STR213-STR333)
STC144	ADM ODDS RATIO FOR SOCIAL SCIENCE MAJORS	STC143/STC126
STC145	INDEX OF MATR-APPL BCPM GPA DIFFERENCE	(STR345-STR225)/SQRT(STR226**2/STR191+STR346**2/STR311)
STC146	ADM ODDS IF MCAT TAKEN ONLY ONCE	STR349/(STR229-STR349)
STC147	ADM ODDS RATIO IF MCAT TAKEN ONLY ONCE	STC146/STC126
STC148	INDEX OF MATR-APPL MCAT-VERBAL DIFF	(STR368-STR248)/SQRT(STR372**2/STR311+STR252**2/STR191)
STC149	INDEX OF MATR-APPL MCAT-SCIENCE DIFF	(STR371-STR251)/SQRT(STR375**2/STR311+STR255**2/STR191)
STC150	ADM ODDS FOR INDIC CAREER AS GP	STR376/(STR256-STR376)
STC151	ADM ODDS RATIO FOR CAREER AS GP	STC150/STC126
STC152	ADM ODDS FOR INDIC CAREER IN RES & TCH	STR378/(STR258-STR378)
STC153	ADM ODDS RATIO FOR CAREER IN RES & TCH	STC152/STC126
STC154	# MATR SPECLZN IN FAM INT PED OR NONE	STR384+STR385+STR387+STR394
STC155	# APPL SPCLZN IN FAM INT PED OR NONE	STR264+STR265+STR267+STR274
STC156	ADM ODDS FOR SPCLZN IN PRIM CARE OR NONE	STC154/(STC155-STC154)
STC157	ADM ODDS RATIO IF SPEC IN PRIMARY CARE	STC156/STC126
STC158	ADM ODDS FOR SPCLZN IN BASIC SCIENCE	STR383/(STR263-STR383)
STC159	ADM ODDS RATIO FOR BASIC SCIENCE SPECLZN	STC156/STC126
STC160	ADM ODDS IF INDIC PRAC LOC IN SMALL PLAC	(STR396+STR397)/(STR276+STR277-STR396-STR397)
STC161	ADM ODDS RATIO IF INDIC PRAC IN SM PLACE	STC160/STC126
STC162	ADM ODDS IF FATHER HAD GRAD OR PROF EDUC	STR406/(STR286-STR406)
STC163	ADM ODDS RATIO IF FATH HAD GRD OR PRF ED	STC162/STC126
STC164	ADM ODDS IF PARENT INCOME GT 50K	STR416/(STR296-STR416)
STC165	ADM ODDS RATIO IF PARENT INCOME GT 50K	STC164/STC126
STC166	ADM ODDS IF FATHER IS MD	STR409/(STR289-STR409)
STC167	ADM ODDS RATIO IF FATHER IS MD	STC166/STC126
STC168	ADM ODDS IF RAISED IN SMALL LOCATION	(STR418+STR419+STR420)/(STR298+STR299 +STR300-STR418-STR419-STR420))
STC169	ADM ODDS RATIO IF RAISED IN SMALL LOC	STC168/STC126
STC170	ADM ODDS FOR RE-APPLICANT TO MED SCHOOL	STR425/(STR305-STR425)
STC171	ADM ODDS RATIO FOR RE-APPLICANTS	STC170/STC126
STC172	% MATRICULANTS WHO ARE FEMALE	100*STR309/(STR311-STR310)
STC173	% MATRICULANTS FROM UNDERREP MINORITIES	100*STC132/STR311
STC174	% MATRICULANTS HOLDING ADVANCED DEGREES	100*(STR326+STR327+STR328)/STR311
STC175	% MATRICS MAJORED IN BIOLOGY OR PREMED	100*(STR334+STR330)/STR311
STC176	% MATRICS MAJORED IN HUMANITIES AND ARTS	100*STR331/STR311
STC177	% MATRICS MAJORED IN PHYS SCI & MATH	100*STR332/STR311
STC178	% MATRICS MAJORED IN SOCIAL SCIENCES	100*STR333/STR311
STC179	% MATRICS WHO TOOK MCAT MORE THAN ONCE	100*(STR350+STR351)/STR311
STC180	% MATRICS SEEKING CAREER IN RES & TCH	100*(STR378+STR379)/STR311
STC181	% MATRICS SEEKING PRIMARY CARE PRACTICE	100*STC154/STR311

NAME	DESCRIPTION	IPS SOURCE OR FORMULA
STC182	% MATRICS SEEKING SPCLZN IN BASIC SCI	100*STR383/STR311
STC183	% MATRICS WANTING TO LOCATE IN SM PLACE	100*(STR396+STR397)/STR311
STC184	% MATRICS FATHERS HAVE GRAD OR PROF EDUC	100*STR406/STR311
STC185	% MATRICS PARENT INCOME GT 50K	100*STR416/STR311
STC186	% MATRICS HAVING MD FATHERS	100*STR409/STR311
STC187	% MATRICS RAISED IN SMALL LOCATION	(STR418+STR419+STR420)/STR311
STC188	% MATRICS WHO WERE-APPLIED TO MED SCHOOL	100*STR425/STR311
STC189	% MATRICS WHO WERE ALSO ACCEPTED ELSEWHR	100*STR426/STR311
STC190	1ST-YR CLASS ANNL GROWTH RATE 1970-75	100(EXP(LN(STR003/STR427)/5)-1.0)
STC191	MAT: ACCEPTANCE OFFERS PER ENTERING STUD	STR306/STR311
STC192	AMA: % 60-69 GRADS IN RESEARCH OR ICh	STC124 + STC125
STC193	UNDERGRAD. MD STUD.-UNDERREP.MINORITY	STR433+STR434+STR435+STR436 +STR437+STR438+STR439+STR44[illegible]
STC194	% FEMALE UNDERGRAD. MD. STUDENTS	100*STR008/STR009
STC195	% FEMALE FINAL YR. UNDERGRAD. MD STUDENTS	100*STR005/STR006
STC196	% FINAL YR MD STUDENTS-UNDERREP. MINORITY	100*(STR441+STR442+STR443+ STR444+STR445+STR446+STR447+STR448/STR006)

III. FACULTY VARIABLES

A. RAW VARIABLES

NAME	DESCRIPTION	IPS SOURCE OR FORMULA
FAR001	# FT BAS SCI PROFESSOR	11283 (68)
FAR002	# FT BAS SCI ASSOC PROF	11284 (68)
FAR003	# FT BAS SCI ASSIST PROF	11285 (68)
FAR004	# FT BAS SCI INSTRUCT & OTHER	11286 (68)
FAR005	TOTAL FULL TIME BAS SCI FACULTY	11287 (68)
FAR006	# PART TIME BAS SCI FACULTY	11288 (68)
FAR007	# VOLUNTEER BAS SCI FACULTY	11289 (68)
FAR008	# FT CLIN SCI PROFESSOR	11409 (68)
FAR009	# FT CLIN SCI ASSOC PROF	11410 (68)
FAR010	# FT CLIN SCI ASSIST PROF	11411 (68)
FAR011	# FT CLIN SCI INSTRUCT & OTHER	11412 (68)
FAR012	TOTAL FULL TIME CLIN SCI FACULTY	11413 (68)
FAR013	# PART TIME CLIN SCI FACULTY	11414 (68)
FAR014	# VOLUNTEER CLIN SCI FACULTY	11415 (68)
FAR015	# FT PROFESSOR ON MED-SCH FACULTY	11416 (68)
FAR016	# FT ASSOC PROF ON MED-SCH FACULTY	11417 (68)
FAR017	# FT ASSIST PROF ON MED-SCH FACULTY	11418 (68)
FAR018	# FT INSTRUCT & OTHER ON MED-SCH FAC	11419 (68)
FAR019	TOTAL FULL TIME MED-SCH FACULTY	11420 (68)
FAR020	# PART TIME MEDICAL SCHOOL FACULTY	11421 (68)
FAR021	# VOLUNTEER MEDICAL SCHOOL FACULTY	11422 (68)
FAR022	# UNFILLED BASIC SCIENCE FAC POS	11462 (68)
FAR023	# UNFILLED CLINICAL SCIENCE FAC POS	11552 (68)
FAR024	# UNFILLED FT MED-SCH FAC POSITIONS	11557 (68)
FAR025	# FT INSTRUCT WITH PRI RESP IN FAM-MED	09983 (67)
FAR026	# FT ASST-PROF WITH PRI RESP IN FAM-MED	09984 (67)
FAR027	# FT ASSC-PROF WITH PRI RESP IN FAM-MED	09985 (67)
FAR028	# FT PROFESSORS WITH PRI RESP IN FAM-MED	09986 (67)
FAR029	FRS: # SFT TOT SAL FAC	12513 (69)
FAR030	FRS: # GFT TOT SAL FAC	12515 (69)
FAR031	FRS: TOTAL FT SALARIED FACULTY	12520 (69)
FAR032	FRS: # FT SAL FAC WITH MD & PHD	12521 (69)
FAR033	FRS: # FT SAL FAC WITH MD	12522 (69)
FAR034	FRS: # FT SAL FAC WITH PHD	12523 (69)
FAR035	FRS: # FT SAL FAC WITH MASTERS	12524 (69)
FAR036	FRS: # FT SAL FAC WITH BA OR AA DEG	12525 (69)
FAR037	FRS: # FT SAL FAC WITH NO DEGREE	12526 (69)
FAR038	FRS: # MALE FT SAL FAC	12527 (69)
FAR039	FRS: # FEMALE FT SAL FAC	12528 (69)

NAME	DESCRIPTION	IPS SOURCE OR FORMULA
FAR040	FRS: # FT SAL FAC RESPOND ETHNICITY	12529 (69)
FAR041	FRS: # UNDERREP MINORITY FT SAL FAC	12530 (69)
FAR042	FRS: # ALUMNI ON FAC OF SAME MED-SCH	12531 (69)
FAR043	FRS: # ALUMNI ON FAC OF ANY MED-SCH	12532 (69)
FAR044	FRS: # FT SAL FAC - BAS SCI	12535 (69)
FAR045	FRS: # FT SAL FAC - CLIN SCI	12536 (69)
FAR046	FRS: # MALE FT SAL FAC - BAS SCI	12594 (69)
FAR047	FRS: # FEMALE FT SAL FAC - BAS SCI	12595 (69)
FAR048	FRS: # UNDERREP MIN FT SAL FAC - BAS SCI	12596 (69)
FAR049	FRS: # MALE FT SAL FAC - CLIN SCI	12597 (69)
FAR050	FRS: # FEMALE FT SAL FAC - CLIN SCI	12598 (69)
FAR051	FRS: # UNDERREP MIN FT SAL FAC - CLN SCI	12599 (69)
FAR052	FRS: # FT SAL FAC WHO ARE FMG'S	12534 (69)
FAR053	FSS: AV SAL SFT ASSOC PROF BAS SCI	13856 (74)
FAR054	FSS: AV SAL SFT ASSOC PROF CLN SCI	13871 (74)
FAR055	FSS: # SFT CHAIRMEN BAS SCI DEPT	13889 (74)
FAR056	FSS: # SFT CHAIRMEN CLN SCI DEPT	13904 (74)
FAR057	FSS: # GFT CHAIRMEN CLN SCI DEPT	13919 (74)
FAR058	# FAC RESPOND ETHNICITY: 1974-75	03988 (24)
FAR059	# MINORITY FAC: 1974-75	03989 (24)

B. COMPUTED VARIABLES

NAME	DESCRIPTION	IPS SOURCE OR FORMULA
FAC001	FRS-%FT SAL FAC WITH MD OR MD-PHD	100*(FAR032+FAR033)/FAR031
FAC004	FRS: % FT SAL FAC FR ETHNIC MINORITITES	100*FAR059/FAR058
FAC019	RAT: VOL FAC TO FT FAC	FAR021/FAR019
FAC022	FRS RAT: SFT TO GFT SALARIED FACULTY	FAR029/FAR030
FAC023	FRS RAT: MD TO PHD ON FT SALARIED FAC	FAR032/FAR033
FAC024	FRS % FEMALE ON F-T SALARIED FACULTY	100*FAR039/FAR031
FAC025	FRS % FEMALE ON F-T BAS SCI SAL FAC	100*FAR047/FAR044
FAC026	FRS % FEMALE ON F-T CLINICAL SAL FAC	100*FAR050/FAR045
FAC027	FRS % UNDERREP MINORITY ON FT SAL FAC	100*FAR041/FAR040
FAC028	FRS % FMG ON F-T SAL FAC	100*FAR052/FAR031
FAC029	FRS % FT FAC WHO ARE GRADS OF UG MED PGM	100*FAR042/FAR031

IV. CURRICULUM VARIABLES

A. RAW VARIABLES

NAME	DESCRIPTION	IPS SOURCE OR FORMULA
CRR001	MINIMUM MOS INSTRUCT TO COMPLETE MD	11728 (68)
CRR002	OPTION TO COMPLETE MD IN LT 4 YR	11729 (68)
CRR003	MANDATORY 3-YR CURRICLUM	11731 (68)
CRR004	COMBINED COLLEGE-MD PROG	11736 (68)
CRR005	COMBINED MD-PHD PROG	11738 (68)
CRR006	MIN MOS INSTRUCT TO COMPLETE MD-PHD	11739 (68)
CRR007	MD PROG FOR PHD'S - REDUCED TIME	11740 (68)
CRR008	# STUD WITH PHD IN SPEC MD PROG	11741 (68)
CRR009	AV # MOS FOR PHD TO COMPLETE MD	11742 (68)
CRR010	# REQUIRED CLERKSHIPS	11743 (68)
CRR011	FAM-MED PROG FOR UNDERGRAD MED-STUD	11760 (68)
CRR012	OTHER PRIMARY CARE PROG FOR UG MED-STUD	11766 (68)
CRR013	MED-SCH PARTICIPATES IN 5TH PATHWAY	11780 (68)
CRR014	# 5TH PATHWAY STUDENTS - 1975-76	11781 (68)
CRR015	# 5TH PATHWAY STUD - PROJECTED 1976-77	11782 (68)
CRR016	INT MED GEN RES PROG, SINCE 1973	09917 (67)
CRR017	PEDIATRIC GEN RES PROG, SINCE 1973	09918 (67)
CRR018	OB-GYN GEN RES PROG SINCE 1973	09919 (67)
CRR019	INT MED GEN RES PROG BEFORE 1973	09920 (67)
CRR020	PEDIATRIC GEN RES PROG BEFORE 1973	09921 (67)
CRR021	OB-GYN GEN RES PROG BEFORE 1973	09922 (67)
CRR022	REVIEW CAREER CHOICE OF ALUM AT GRAD	09993 (67)
CRR023	REV CAREER CHOICE OF ALUM AFTER 5 YR	09994 (67)
CRR024	3-YR OR 4-YR REGULAR MD PROGRAM	08217 (61)
CRR025	SIX-YR MD PROG FOR HIGH-SCH GRADS	08219 (61)
CRR026	COMBINED MD-PHD PROGRAM	08231 (61)
CRR027	ADV-STDG PROG FOR PHD'S SEEKING MD	08243 (61)
CRR028	REL ELECTIVES: ALCOHOLISM	08251 (61)
CRR029	REL ELECTIVES: BIOMEDICAL ENGINEERING	08252 (61)
CRR030	REL ELECTIVES: COMM PREVENTIVE MED	08253 (61)
CRR031	REL ELECTIVES: DRUG ABUSE	08254 (61)
CRR032	REL ELECTIVES: EMERGENCY MEDICINE	08255 (61)
CRR033	REL ELECTIVES: ETHICAL PROBLEMS IN MED	08256 (61)
CRR034	REL ELECTIVES: GERIATRICS	08257 (61)
CRR035	REL ELECTIVES: HEALTH CARE DELIVERY SYS	08258 (61)
CRR036	REL ELECTIVES: HISTORY OF MEDICINE	08259 (61)
CRR037	REL ELECTIVES: HUMAN SEXUALITY	08260 (61)
CRR038	REL ELECTIVES: MEDICAL HYPNOSIS	08261 (61)
CRR039	REL ELECTIVES: MEDICAL JURISPRUDENCE	08262 (61)

NAME	DESCRIPTION	IPS SOURCE OR FORMULA
CRR040	REL ELECTIVES: NUTRITION	08263 (61)
CRR041	REL ELECTIVES: OFFICE MANAGEMENT	08264 (61)
CRR042	REL ELECTIVES: PAT'ENT EDUCATION	08265 (61)
CRR043	REL ELECTIVES: POPULATION DYNAMICS	08266 (61)
CRR044	AMBULATORY CARE CLERKSHIP: INTERN-MED	08287 (61)
CRR045	AMBULATORY CARE CLERKSHIP: FAMILY MED	08289 (61)
CRR046	AMBULATORY CARE CLERKSHIP: PEDIATRICS	08291 (61)
CRR047	AMBULATORY CARE CLERKSHIP: OB-GYN	08293 (61)
CRR048	# MD-STUD TAKING AM:-CARE CLERKSHIPS	08295 (61)
CRR049	CLERKSHIP IN EMERGENCY MEDICINE	08296 (61)
CRR050	# MD-STUD TAKING CLERKSHIP IN EMERG-MED	08298 (61)

B. COMPUTED VARIABLE

NAME	DESCRIPTION	IPS SOURCE OR FORMULA
CRC002	# OF MED-RELATED ELECTIVES OFFERED	COUNT CRR028 TO CRR043 (1)

APPENDIX C

Selected Publications Prepared by Association of American Medical Colleges Relating to Medical Education

MEDICAL EDUCATION	AVAILABLE FROM: NTIS	ERIC	AAMC
AAMC Curriculum Directory, 1977-78			X
AAMC Directory of American Medical Education, 1977-78			X
Medical Education: Institutions, Characteristics, and Programs			X
Journal of Medical Education			X
Perspectives in Primary Care Education (Dec. 1975, Part 2, Journal of Medical Education)			X
Medical Schools in the United States, A Descriptive Study	PB266749/AS	ED136731	
Institutional Chracteristics of U.S. Medical Schools, 1975-76			X
Study of Ambulatory Care Facilities as a Resource for Medical Education Volume I	PB266832/AS		
Volume II	PB266833/AS		
Series of Exploratory Studies:			
Variables Related to Increases in Medical School Class Size	PB249882/AS		
Classification of Medical Education Institutions, December 1975	PB249686/AS		

	AVAILABLE FROM:		
	NTIS	ERIC	AAMC
An Empirical Classification of U.S. Medical Schools by Institutional Dimensions, March 1977	PB266761/AS	ED136738	
Exploratory Analysis of Medical School Characteristics and Empirical Classifications of Medical Schools, December 1977 (Two Replications)		ED148262	
Study of Medical Education: Interrelationships Between Component Variables, December 1975	PB251132/AS		
A Second Exploratory Analysis of the Relation among Institutional Variables, March 1977	PB266715/AS	ED136737	
A Third Exploratory Analysis of the Relation among Institutional Variables, February 1978			X
A Multidimensional Model of Medical School Similarities, March 1977	PB266755/AS	ED136736	
Replication of a Multidimensional Model of Medical School Similarities, December 1977			X
Research and Primary Care: Two Dimensions of Preference in Medical School Admissions			X

		AVAILABLE FROM:		
		NTIS	ERIC	AAMC
FINANCIAL/ADMINISTRATIVE				
Biomedical Research Funding in Academic Medical Centers - Trends and Dimensions, 1964-74				X
Intensive Study of a Sample of Medical Schools: Medical School Programs, Resources and Financing		PB249844/AS		
Medical Practice Plans at U.S. Medical Schools - Current Characteristics and Trends	A Review of Volume I		HE008904	X
	Volume II		HE008902	X
An In-Depth Study of Seven Medical Practice Plans, December 1977				X
Medical School - Clinical Affiliation Study			ED138229	X
Procedural Manual and Guidelines for Derivation of Data on Funding Medical School Program Resources			ED148263	
Review of Medical Administrative Staff Salaries 1976-77				X
FACULTY				
Description of Salaried Medical School Faculty, 1971-72 and 1976-77			ED148266	

	AVAILABLE FROM:		
	NTIS	ERIC	AAMC
Description of Salaried Medical School Faculty, 1969-70 and 1974-75	PB266834/AS	ED136730	
Descriptive Study of Salaried Medical School Faculty, December 1976		ED121184	
Faculty Development Survey, December 1977		ED148265	
Institutional Variables Related to High Faculty Attrition, April 1975			X
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